

Project # 14, 19, 21, 24, 25

PROPOSED SUPPLEMENTARY PROJECT

Title: Project for the Provision of a Rehabilitation
Service for Patients suffering from Non-pulmonary
Tuberculosis (PROJECT No. 14)

Submitted to UNRRA
29th September 1945

Supplementary to Medical Division

Submitted by Dr. J.B. McDougall
Tuberculosis Department
Health Division.

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The Objectives of the Project

The treatment of tuberculous disease of the bones and joints is, as a rule, a matter of many months and sometimes of years. The disease is prone to affect children and young adults in the prime of life and at an age when education and technical training is undertaken in ordinary life. It has been found that in Greece there is no concerted action being taken with regard to the patients who are receiving treatment at Voula Hospital, near Athens, or in any of the other hospitals where a number of such patients are under treatment. Boys and girls spend the long period of hospitalisation with no educational facilities or teaching in handicrafts which would enable them, on the completion of their treatment to become useful members of the community. When the time comes for their discharge they may leave the institution with a healed bone or joint, but mentally and muscularly, they are in a worse condition relatively than they were on admission to the institution. The aim of the project is to remedy this state of affairs by the organisation of a scheme of education and handicraft teaching on an intensive scale in certain places where the medical facilities are such that the work can be undertaken with good chances of success. e.g. Voula Hospital near Athens.

Estimated Cost

The total estimated cost would not exceed \$50 per person per annum when the children to be taught number not less than 50. At the present moment the one hospital of any size for the treatment of this form of tuberculosis is at Voula, near Athens, and here there are approximately 350 children. In the near future the Greek Government and the Greek Red Cross Society hope to increase the number of beds available for this class of patient, but for the next two years the total numbers throughout Greece should not exceed 600, making the maximum outlay about \$30,000. This cost should cover teachers, administration and materials. However, it cannot be accurately subdivided since the cost of the materials in USA or UK is not known.

Size of Area to be Covered by the Project

All areas throughout Greece in which children are being treated.

Initial Date and Duration of Project

The sooner the work is started the better.
The duration of the project is indefinite and
it should be continued indefinitely.

Method of Operation

A Committee of the Greek Red Cross Society has recently been established in the Athens area for the conduct of initial experiments in occupation and educational therapy. The limited financial resources of this Committee (\$500 per month for three months only) has made it impossible for any scheme of major rehabilitation to be applied to the many children at Voula Hospital especially who are in need of this form of therapy. This Committee however has succeeded in the preliminary work to an extent which has exceeded expectations and there is every reason to believe that, should the project be accepted, this Committee with its accumulating experience of the technique would be in a position to supervise the details of the work in conjunction with the medical staff of the Institutions concerned, and with the advice of UNRRA specialists. The Committee would engage the teachers, organise the classes and dispose of the imported materials. The programmes of Teaching would of course be agreed with the Directors of the Sanatoria.

Estimated Number and types of Personnel to be engaged

There should be two teachers (one purely for educational subjects and one for handicraft classes) for every 50 children. That is, for 600 children there should be 24 teachers employed. The majority of the "education" teachers would undertake elementary education for the younger children. A minority of the teachers would be for more advanced subjects in older children. The handicraft teachers may have to be skilled technicians in certain branches of trade, e.g. book-binding, shoe-making and repairing, shorthand writing and typing etc. All employed personnel to be Greek.

Supplies

Particular types of tools and materials for handicrafts to be purchased in the following quantities for 50 students.

For sewing work

Tools for 1 Set - 3 Sets required

50 scissors
200 needles (different sizes)
50 thimbles

Materials

200 reels sewing thread coloured
100 yd unbleached calico

For Book-Binding

Tools for 1 Set - 3 Sets required

1 sewing frame
2 press cutter
3 knives
1 wooden ruler
1 hammer small
10 needles
1 glue pot
1 primus stove
1 glue brush
1 bone folder
2 dividers
1 backing board

Materials

200 thin cardboard sheets 70 x 100 cms
200 backing muslin " " " "
200 sheets coloured paper patterned

15 rolls wall paper approx. 7 m
50 metres binding cloth app. 40" wide
400 sheets white paper thin 44 cms x 56 cms
200 sheets poster paper white 70 x 92 cms
200 " manilla paper
50 balls shoe thread
20 lbs wax
50 rolls white tape
25 kilos glue

For basket making

Tools for 1 Set - 5 Sets required

1 hammer
2 sack needles

Materials

500 kilos local brown cane
500 kilos sea grass natural
500 kilos " " coloured

For crochet work

Tools

50 crochet hooks for 50 students

Materials

250 lbs normal Egyptian cotton
250 " fine
400 " wool coloured

For Fretwork

Tools for 1 Set - 3 Sets required

1 doz. fretsaw
5 " " blades
2 vice and cutting boards

- 2 cutting boards
- 1 archimedian drill
- 1 doz. small files

Materials

- 100 sheets sand paper assorted grades
- 50 tubes liquid glue
- 10 kilos shellac

For knitting

Tools

- 100 knitting needles pair assorted
- 50 " " set 4 sizes

Materials

- 500 lbs normal Egyptian cotton
- 500 " wood assorted colours

For leather work

Tools for 1 Set - 3 Sets required

- 1 cutting board
- 1 hammer
- 1 tracer
- 1 stitch spacer
- 1 leather punch
- 1 glass ruler
- 6 glove needles
- 6 shoe makers' needle
- 2 doz. sewing machine needles
- 3 awls assorted
- 1 press stud tool
- 1 scribe
- 1 metal ruler
- 6 knives
- 5 doz. assorted needles

Materials

5 skins smooth
 5 " rough
 5 imitation pig grain
 5 skins suede
 5 " chamois
 10 feet grained calf thin
 10 " " " thick
 10 " box calf coloured
 10 " tooling calf natural & coloured
 5 skins gazelle
 10 skein mercerised cotton
 10 balls linen thread
 5 rolls cotton stuffing
 2 doz. zip-fasteners, different sizes
 50 small buckles
 50 metal corners
 1 doz. handbag fasteners
 10 doz. press studs

For Raffia work

Tools for 1 Set - 3 Sets required

2 doz. Raffia needles

Materials

20 kilos raffia coloured
 20 " " natural

For Drawing, Painting & Modelling

Tools for 1 Set - 3 Sets required

1 compass
 1 doz. paint brushes - different sizes
 2 portofolios
 6 pencil sharpeners
 2 dividers

Materials

1	doz.	drawing books
5	doz.	" sheets
12	doz.	tracing paper
12	doz.	carbon paper
12	doz.	blotting paper
6	boxes	drawing pins
10	doz.	pencils H.B.
10	doz.	" B.B.
10	doz.	crayons boxes
2	doz.	erasers
2	doz.	coloured indian inks
5	doz.	tubes of water colour paint
5	doz.	tablets " " "
1	doz.	paint box water colours
6	rolls	of passe partout binding
3	doz.	plasticine assorted colours

Personnel Costs

24 Greek Teachers at Ministry of Education
Standard rates - 20,000 - 30,000 drachmae per month.

Total. Approx. 600,000 drachmae
 or £ 300) at official rates.
 \$1200)

Preliminary Negotiations

The point of view of Greek doctors and Hospital administrators has been obtained and without exception there is unanimity as to the necessity of some such scheme for this class of patient. It is becoming more and more realised that work of this kind is in fact an integral part of TREATMENT, and, as such, should be given all the encouragement possible. The Committee appointed by the Greek Red Cross to explore the possibilities of occupational therapy in certain Institutions in the capital area has also evidence in plenty that the reception of a scheme on these lines would be enthusiastic amongst the patients themselves. This Project is, therefore, not an experiment but rather the application on a wider scale of work already successfully done.

Specific facilities requested of UNRRA

1. Advice and Supervision.
2. Shipping space for materials.

Conclusion

This project is being proposed by the Health Division of the Greek Mission (UNRRA) with the request that a sponsor maybe found to adopt the Project.

The Rehabilitation Subcommittee of the Greek Red Cross is prepared to undertake to execute the Project and to submit the necessary monthly reports to the Chief of Mission, UNRRA, in the manner prescribed in the Directive on "Supplementary Projects" dated 21st September 1945.

Provision of Recreational Supplies

DESCRIPTION AND OBJECTIVES

Description

The provision of standard recreational kits devised for children of age groups 3-7 and 8-18 years and for those in hospitals; to be collected and shipped by a Private Agency in U.S.A. or U.K. and consigned to some central organization in Greece, to be agreed upon with the sponsor, for distribution in agreement with the UNRRA Welfare Division to schools, orphanages, day nurseries, boys' and girls' clubs, hospitals, etc.

Objectives

The object of this project is, briefly stated, "to help the children of Greece smile again". During the war and still more during the occupation the children of this country have seen before them every tragedy, horror and form of suffering that it is possible to imagine. Their homes have been destroyed and broken up before their eyes, their parents and friends killed in the most cruel ways. They have been separated from their families and left to fend for themselves first during the terrible starvation winter of 1941-2 and later in circumstances which though not quite so bad, left them racked with disease and underfed. During all this time many of them had no school or any form of education, still less any provision for recreation or games.

But there was another and more terrible aspect of the past five years for these children. Not only to scratch a bare subsistence but, more dramatically, to continue the underground fight against the hated invader, these children practiced and became proficient in lying, cheating, stealing and every form of law-breaking. They were praised and indeed often considered heroes for such deeds against the enemy as would be condemned in normal peace-time life. Their standard of values was warped and their whole attitude to life twisted and embittered by the desperate needs of the time and the distorted background to those five years of their lives.

Thus the children of Greece have become precociously adult and through the strain of what was forced upon them have lost the real qualities of childhood. They have forgotten how to laugh. They have certainly no idea of play or fun or simple carefree joy. Much, of course, is being done for them through the UNRRA imports of food, clothing, medical supplies, etc. But, however, much these great

efforts may restore their bodies, the children cannot grow as a normal generation with sound minds and clear spirits which Greece will so badly need in the future. Something must be done and done quickly to cure these ills of the spirit; and amongst the first and most obvious steps is to provide toys, games, hobbies and childish occupations, if not for all the children of this country at least for those who can be reached in an organized way through the various children's institutions.

This is a cry for help - a cry for those whose own voices are not loud enough to be heard in the clamour of the post-war world. But their need is great and this is a cry on their behalf by those who have come to know them and long to fight for them.

METHOD OF OPERATION.

It is suggested that recreational kits, containing specified types and amounts of recreational supplies for children of different age groups be collected by private foreign agencies in the U.K. and U.S. through such groups as school clubs, Scout and Guide troops, college alumnae associations, etc.

The recreational supplies would be collected into kits or parcels, preferably of uniform size to make shipping easier. One type of kit would contain recreational supplies for children of nursery or pre-school age, 3-7 years old. The other type of kit would contain recreational supplies for children 8-18 years of age. A third type of kit would be suited to children in hospitals. It is suggested that one private agency in each collecting country should co-ordinate the assembly of the kits and be responsible for their packing, warehousing and shipping. The Near East Foundation has agreed to undertake the responsibility of supervision in Greece; thus no additional imported staff will be necessary. The distribution would be made in consultation with the UNRRA Welfare Division and with the appropriate Greek Ministries and charitable organizations.

NUMBER OF PEOPLE OR SIZE OF AREA TO BE SERVED BY THE PROJECT

Recreational supply and equipment would be used throughout Greece for as many children, 3-18 years old, as possible. In Greece there are estimated to be 2,327,000 children between the ages of 3 and 18: of these, 550,000 are 3-7 years old, 957,000 are 8-13 years old and 820,000 are 14-18 years old. Of this total number approximately 3500 are in hospitals continuously.

The supplies will be distributed throughout Greece to boys and girls in the 7000 schools, 90 orphanages, 4 children's hospitals, 110 day nurseries, 7 working boy and girl centres, club groups (boy scouts, girl guides and others), play grounds, etc.

SUPPLIES AND EQUIPMENT TO BE IMPORTED FROM
ABROAD, SHOWING ITEMS, QUANTITIES AND TONNAGES

a) For Children 3-7 Years Old

5,500 kits, each kit for an hundred children to consist of:

- 50 balls, small rubber and large leather
- 10 skipping ropes
- 100 dolls
- 50 doll-size doll's beds, other furniture, birds, flowers, trees
fruit (made of either wood or wax)
- 25 pails
- 25 watering cans
- 50 spades, rakes hoes
- 100 assorted pictures, or picture books
- 2 doll's houses with different accessories or material to build
them
- 3 boxes of coloured and white chalk
- 300 sheets of drawing paper
- 4 dozen each of coloured crayons and pencils
- 25 - 50 drawing designs
- 500 sheets of assorted coloured paper
- 50 sets of clay or plasticine
- 100 boxes of beads (different colours and string)
- 25 sets of coloured blocks or educational blocks of any kind
- 50 games of meteor by Gilbert or other games
- 1 book of simple directions for making paper dolls, furniture
carts, etc.
- 1 book of directions for group games for small children.

b) For Children 8-18 Years Old

17,770 kits, each kit for an hundred children, to consist of:

- 500 sheets construction paper (sheets 18" x 24" - assorted bright
colours)
- 500 sheets newsprint paper (or similar cheap manila paper - large
sheets)
- (2 boxes paste powder or
- (1 doz. tubes library paste
- 4 doz. pairs scissors (round-end)
- 2 pairs " (large shears)
- 4 doz. boxes wax crayons (assorted colours)
- 8 doz. lead pencils
- 4 doz. pencil erasers
- 1 doz. boxes water colour pencils (or jars assorted colour poster
paints or poster paint powder)
- 1 doz. water colour brushes (assorted sizes)
- 1 box blackboard chalk (white - 100 pieces)

- 1 box blackboard chalk (assorted colours - 100 pieces)
- 2 qts. blackboard paint (can)
- 1 doz. can enamel paints (1 pt. cans - assorted and bright colours)
- 2 doz. paint brushes (small)
- 500 thumb tacks
- 6 balls string (assorted & colours)
- 3 large hanks cords for making nets
- 2 doz. 12 inch rulers
- 2 doz. skipping ropes (or rope to make them - 5 ft. each)
- 1 doz. small rubber balls
- 2 beach balls, 2 volley balls or 2 soccer balls
- 6 bladders (spares for beach balls, etc.)
- 2 indoor baseballs and bats
- 2 tenniquoit rings
- 300 wooden beads for stringing
- 2 hammers
- 2 jack knives (heavy)
- $\frac{1}{2}$ doz. coping saw frames
- 1 doz. packages extra blades for coping saw frames
- 2 all purpose saws with detachable blades
- 2 pairs tin shears
- 2 can openers (take complete top off)
- 1 box assorted nails (large box)
- 2 doz. large sheets sand-paper
- 1 can machine oil
- 1 doz. packages needles (assorted sizes - large eyed)
- 2 doz. thimbles (assorted sizes)
- 1 doz. balls crochet cotton (assorted and bright colours)
- 1 doz. balls wool (assorted and bright colours, 2 oz. balls)
- 4 doz. skeins embroidery cotton (assorted colours)
- 25 yds. cotton cloth (bright coloured or printed - remnants)
- 10 yds. unbleached cotton (or similar cloth for toys, etc.)
- 6 papers straight pins
- 2 doz. spools No. 50 white sewing cotton
- 2 doz. spools No. 50 black " "
- 12 pairs knitting needles (assorted sizes)
- 12 sets of 4 " "
- $\frac{1}{2}$ doz. crochet hooks (assorted sizes)
- 2 tape measures
- 2 doz. harmonicas, tonettes or similar small musical instruments
- 2 doz. picture books - bright pictures (no writing)
- plywood or beaverboard for making toys, etc.
- 1 book of simple directions for wood and paper construction of toys
- 1 book of directions for group games
- 2 sets ping pong equipment
- 6 extra " " balls
- 2 sets boxing gloves

c) For children in Hospital

70 kits, each kit for fifty children, to consist of:

- 100 sheets construction paper (assorted colours)
- 100 " large no. print or cheap manila paper
- (1 box paste powder or
- ($\frac{1}{2}$ doz. tubes library paste
- ($\frac{1}{2}$ doz. scissors (rounded)
- 5 doz. boxes crayons (assorted colours)
- 4 doz. lead pencils
- 2 doz. erasers
- 25 sets of clay or plasticine
- 50 picture puzzles
- 50 other simple puzzles (assorted)
- 25 boxes dominoes
- 3 balls string (assorted colours)
- 2 large hanks of cords for making nets
- 1 doz. 12 inch rulers
- 150 wooden beads for stringing
- ($\frac{1}{2}$ doz. packages needles (assorted sizes - large eyed)
- 1 doz. thimbles (assorted sizes)
- ($\frac{1}{2}$ doz. balls crochet cotton (assorted bright colours)
- ($\frac{1}{2}$ doz. balls wool (assorted bright colours - 2 oz. balls)
- 2 doz. skeins embroidery cotton (assorted colours)
- 13 yds. cotton cloth (bright coloured or printed - remnants)
- 5 yds. unbleached cotton (or similar cloth for toys, etc.)
- 3 papers straight pins
- 1 doz. white sewing cotton - spools No. 50
- 1 doz. black sewing cotton - " " "
- 6 pairs knitting needles (assorted sizes)
- 6 sets of 4 " "
- 3 doz. crochet hooks (assorted sizes)
- 1 tape measure
- 1 doz. harmonicas, tonettes, or similar small musical instruments
- 1 doz. picture books - bright pictures (no writing)
- Books of simple directions for making play equipment, puppets, nets, etc.
- 1 container - foot locker or wooden chest

#19

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METHOD OF OPERATION

It is suggested that recreational kits, containing specified types and amounts of recreational supplies for children of different age groups be collected by private foreign agencies in the U.K. and U.S. through such groups as school clubs, Scout and Guide troops, college alumnae associations, etc.

The recreational supplies would be collected into kits or parcels, preferably of uniform size to make shipping easier. One type of kit would contain recreational supplies for children of nursery or pre-school age, 3-7 years old. The other type of kit would contain recreational supplies for children 8-18 years of age. A third type of kit would be suited to children in hospitals. It is suggested that one private agency in each collecting country should co-ordinate the assembly of the kits and be responsible for their packing, warehousing and shipping. The Near East Foundation has agreed to undertake the responsibility of supervision in Greece; thus no additional imported staff will be necessary. The distribution would be made in consultation with the UNRRA Welfare Division and with the appropriate Greek Ministries and charitable organizations.

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The supplies will be distributed throughout Greece to boys and girls in the 7000 schools, 90 orphanages, 4 children's hospitals, 110 day nurseries, 7 working boy and girl centres, club groups (boy scouts, girl guides and others), play grounds, etc.

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ABROAD, SHOWING ITEMS, QUANTITIES AND TONNAGES

a) For Children 3-7 Years Old

5,500 kits, each kit for an hundred children to consist of:

- 50 balls, small rubber and large leather
- 10 skipping ropes
- 100 dolls
- 50 doll-size doll's beds, other furniture, birds, flowers, trees
fruit (made of either wood or wax)
- 25 pails
- 25 watering cans
- 50 spades, rakes hoes
- 100 assorted pictures, or picture books
- 2 doll's houses with different accessories or material to build
them
- 3 boxes of coloured and white chalk
- 300 sheets of drawing paper
- 4 dozen each of coloured crayons and pencils
- 25 - 50 drawing designs
- 500 sheets of assorted coloured paper
- 50 sets of clay or plasticine
- 100 boxes of beads (different colours and string)
- 25 sets of coloured blocks or educational blocks of any kind
- 50 games of meteor by Gilbert or other games
- 1 book of simple directions for making paper dolls, furniture
carts, etc.
- 1 book of directions for group games for small children

b) For Children 8-18 Years Old

17,770 kits, each kit for an hundred children, to consist of:

- 500 sheets construction paper (sheets 18" x 24" - assorted bright
colours)
- 500 sheets newsprint paper (or similar cheap manila paper - large
sheets)
- 2 boxes paste powder or
- (1 doz. tubes library paste
- 4 doz. pairs scissors (round-end)
- 2 pairs " (large shears)
- 4 doz. boxes wax crayons (assorted colours)
- 8 doz. lead pencils
- 4 doz. pencil erasers
- 1 doz. boxes water colour pencils (or jars assorted colour poster
paints or poster paint powder)
- 1 doz. water colour brushes (assorted sizes)
- 1 box blackboard chalk (white - 100 pieces)

- 1 box blackboard chalk (assorted colours - 100 pieces)
- 2 qts. blackboard paint (can)
- 1 doz. can enamel paints (1 pt. cans - assorted and bright colours)
- 2 doz. paint brushes (small)
- 500 thumb tacks
- 6 balls string (assorted & colours)
- 3 large hanks cords for making nets
- 2 doz. 12 inch rulers
- 2 doz. skipping ropes (or rope to make them - 5 ft. each)
- 1 doz. small rubber balls
- 2 beach balls, 2 volley balls or 2 soccer balls
- 6 bladders (spares for beach balls, etc.)
- 2 indoor baseballs and bats
- 2 tenniquoit rings
- 300 wooden beads for stringing
- 2 hammers
- 2 jack knives (heavy)
- $\frac{1}{2}$ doz. coping saw frames
- 1 doz. packages extra blades for coping saw frames
- 2 all purpose saws with detachable blades
- 2 pairs tin shears
- 2 can openers (take complete top off)
- 1 box assorted nails (large box)
- 2 doz. large sheets sand-paper
- 1 can machine oil
- 1 doz. packages needles (assorted sizes - large eyed)
- 2 doz. thimbles (assorted sizes)
- 1 doz. balls crochet cotton (assorted and bright colours)
- 1 doz. balls wool (assorted and bright colours, 2 oz. balls)
- 4 doz. skeins embroidery cotton (assorted colours)
- 25 yds. cotton cloth (bright coloured or printed - remnants)
- 10 yds. unbleached cotton (or similar cloth for toys, etc.)
- 6 papers straight pins
- 2 doz. spools No. 50 white sewing cotton
- 2 doz. spools No. 50 black " "
- 12 pairs knitting needles (assorted sizes)
- 12 sets of 4 " "
- $\frac{1}{2}$ doz. crochet hooks (assorted sizes)
- 2 tape measures
- 2 doz. harmonicas, tonettes or similar small musical instruments
- 2 doz. picture books - bright pictures (no writing)
- plywood or beaverboard for making toys, etc.
- 1 book of simple directions for wood and paper construction of toys
- 1 book of directions for group games
- 2 sets ping pong equipment
- 6 extra " " balls
- 2 sets boxing gloves

c) For children in Hospital

70 kits, each kit for fifty children, to consist of:

- 100 sheets construction paper (assorted colours)
- 100 " large no. print or cheap manila paper
- (1 box paste powder or
- ($\frac{1}{2}$ doz. tubes library paste
- $\frac{1}{2}$ doz. scissors (rounded)
- 5 doz. boxes crayons (assorted colours)
- 4 doz. lead pencils
- 2 doz. erasers
- 25 sets of clay or plasticine
- 50 picture puzzles
- 50 other simple puzzles (assorted)
- 25 boxes dominoes
- 3 balls string (assorted colours)
- 2 large hanks of cords for making nets
- 1 doz. 12 inch rulers
- 150 wooden beads for stringing
- $\frac{1}{2}$ doz. packages needles (assorted sizes - large eyed)
- 1 doz. thimbles (assorted sizes)
- $\frac{1}{2}$ doz. balls crochet cotton (assorted bright colours)
- $\frac{1}{2}$ doz. balls wool (assorted bright colours - 2 oz. balls)
- 2 doz. skeins embroidery cotton (assorted colours)
- 13 yds. cotton cloth (bright coloured or printed - remnants)
- 5 yds. unbleached cotton (or similar cloth for toys, etc.)
- 3 papers straight pins
- 1 doz. white sewing cotton - spools No. 50
- 1 doz. black sewing cotton - " " "
- 6 pairs knitting needles (assorted sizes)
- 6 sets of 4 " "
- 3 doz. crochet hooks (assorted sizes)
- 1 tape measure
- 1 doz. harmonicas, tonettes, or similar small musical instruments
- 1 doz. picture books - bright pictures (no writing)
- Books of simple directions for making play equipment, puppets, nets, etc.
- 1 container - foot locker or wooden chest

Not approved

PROJECT NO. 21

MS sponsor 8/14/46

TITLE OF PROJECT.

A GREEK SOCIAL SCIENCE DIPLOMA
and
THE ATHENS RESIDENTIAL SETTLEMENT.

SPONSORED BY:

~~Lewana J. and H. Bevington Jackson
The Save the Children Fund,
c/o N.R.R.A.,
Kavalla,
Greece, C.E.F.~~

DATE SUBMITTED TO UNRRA:

December 1945

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1. (a) NAME.
(b) CATEGORY.
(c) INITIATION DATE AND PROPOSED DURATION.

(a). NAME.

A Greek Social Science Diploma
and
The Athens Residential Settlement.

(b). CATEGORY.

Health and Welfare.

(c). INITIATION DATE AND PROPOSED DURATION.

The project should be ready to start by October 1946 and it should become a permanent part of Greek Educational Social Welfare constitution and the Diploma should be an accepted qualification for service.

2.

DESCRIPTION.1. A GREEK SOCIAL SCIENCE DIPLOMA.

- a. The University of Athens should include among its degrees a Diploma in Social Science - or, an independent college could be set up for the purpose but acknowledged by the University.
- b. Type of Student. Students over the age of 18 years who have completed their education at the gymnasium, or for older men and women who wish to take training for specialised work in the welfare sphere.
- c. Length of Training. Two years of study and one year to be devoted entirely to practical training in various aspects of social work.

- d. Training. The subjects studied for this Diploma would include:
 Economics
 Economic History
 Hygiene and Public Health
 Psychology
 Philosophy
 Social History and Legislation.
 Central and Local Government, specialising in Rural Administration.
 Administration of Health and Welfare
 Institutions, including Management Finance.
 Institution planning - building, equipment, staff, statistics and statistics.
- Practical Training at the Settlement:
 Visits to Local Institutions - including Orphanages, Schools, prisons, juvenile courts, child welfare centres, Day nurseries etc.
 Certain 3-monthly periods to be allocated for working in specific welfare jobs under supervision.

The Students could take certain lectures with students of other faculties at the University. The other lectures could be given by recognised lecturers in the specialised field of social science and welfare at the Settlement.

- e. The use of such a Training. The Student, having obtained the Diploma would be qualified to take a position in various fields of activities connected with the Social Science and Welfare work.
 Public Assistance Officers and workers under the new welfare laws throughout the country.
 Inspectors of Orphanages and Foster Home Schemes.
 Industrial Welfare Workers in factories etc.
 Probation Officers.
 Hospital Almoners
 School Attendance Officers
 After care workers for children leaving school, helping with employment and giving guidance.
 Workers attached to the following organisations:
 Children's Summer Health Camps
 Youth organizations of all kinds
 Community Centres
 Play Centres and Day Nurseries
 Child Guidance Clinics.

DESCRIPTION (CONTB.)

II. THE ATHENS RESIDENTIAL SETTLEMENT.

- a. Constitution. The Trust or Foundation which would be financing the scheme would draw up the Constitution and bye-laws governing the Settlement.
- b. Council. The Trust representatives in conjunction with public officials and people interested in the scheme would form a council of a representative body from Greek national life.
- c. Building. As a residence for staff and visitors from abroad. To have public rooms for lectures, recreation, clubs, international library and committee rooms.
- d. Greek students from the provinces could have living accommodation at a Students Hostel in Athens.
- e. The Settlement to be recognised by the University of Athens but working quite independently. It shall be non-political and open to social workers from all parts of Europe to avail themselves of the opportunities offered.

2.

OBJECTIVES.

- a. To continue the work of U.N.R.R.A. in the sphere of health and welfare. The Settlement to be for the training of Social Science students, also the centre of all local welfare activities, e.g. Day Nursery, After-Care amongst school children, general case work and all Clubs and youth organizations - including music, drama, art, debates and all sport. Arrangements to be made to open smaller Centres in the provinces at a later date where more practical experience can be given to the students, particularly in village communities.
- b. To supply a prescribed course of studies at the School of Social Science and the Settlement.
- c. To co-ordinate such studies with the needs in the operation of the Greek Welfare Laws No. 368.
- d. To provide a link with all social welfare organizations abroad. e.g. Summer Schools, organized from time to time to keep all those interested in social progress up to date with economical problems throughout the world. Educational visits to be planned for social workers from abroad to come to Greece and for Greek personnel to visit other countries for special research work. Travelling lecturers from other countries to be invited to take part in the work of the Settlement.
- e. To emphasise the international efforts of educational welfare, by considering the possibility of the Greek project becoming a part of a larger scheme throughout the world in line with the UNITED NATIONS ORGANIZATION based on the concept of THE RIGHT OF MAN.

3. METHOD OF OPERATION.

1. To work and co-operate closely with the Health and Welfare Divisions of U.N.R.R.A. in Athens.
2. To set up a small working committee of six people, with two Greeks, two U.N.R.R.A. (Health and Welfare) representatives and the sponsors of the project.
3. To settle with the University and Government for a Social Science Diploma and get the necessary law passed for the purpose.
4. To find suitable premises for the Settlement and work out the cost in detail with the Committee.
5. When preliminary plans are completed the sponsors then to proceed to London and form a similar committee there with the U.N.R.R.A. European Regional Office, the Settlement Association and the University authorities. If agreed too, at a later date, the committee could operate under the United Nations Organisation Educational Division (see Page 9, Section IIa). The functions of this Committee would be, firstly, the raising of the necessary funds for Athens and secondly, the developing of the project for other countries as part of the post war plan for the co-ordinating of organised social services throughout the world.
6. The sponsors to report back to the U.N.R.R.A. Greece Mission and the project committee in Athens.
7. The Settlement should be ready to start (in small or large premises) according to the money available, not later than October 1st 1946, so that the full advantage may be obtained from the U.N.R.R.A. Greece Mission before they pull out.
8. The Athens Committee would operate until the Council and constitution of the Settlement is formed.
9. The aim should be:

In October 1946	20 students to begin the course.	1st Year.
In " 1947	20 " " " " "	2nd Year.
In " 1948	20 " " " " "	3rd Year.

 so that in the third year the full complement of the School and Settlement will be sixty students.

4.

THE NUMBER, OR SIZE OF AREA, TO BE SERVED BY THE PROJECT.

After a period of years the number of trained social welfare workers will affect the whole of Greece through the health and welfare services, affecting seven million people.

5.

PERSONNEL TO BE ENGAGED SHOWING NUMBERS, FUNCTIONS, WHETHER IMPORTED OR LOCAL, SALARIES AND TOTAL COSTS.(a) The Settlement Personnel for 3 years at least.

<u>Imported and Resident.</u>	<u>Salaries for 3 years, in Pounds. (£)</u>
-------------------------------	---

Warden. Salary approx. £1,000 p.a.	3,000
Lecturers, 2, with special social service training. Salary approx. £1,000 p.a. each.	6,000

Local Staff:

Greek Lecturers (full time). Salary approx. £1,000 p.a.	3,000
Resident Caretaker @ £150 p.a.	450

Non-resident:

Secretary. Salary £400 p.a.	1,200
Clerk-Accountant. Salary £250 p.a.	750
Domestic staff, including housekeeper and servants @ £700 p.a.	2,100

In addition to the salaries of resident posts stated above the cost of food must be paid, estimated at £2 per week. 6 Persons @ £104 p.w. each = £624 p.a. 1,872

TOTAL ESTIMATE COST	£ 18,372
---------------------	----------

(b) Greek Voluntary Helpers attached to the Settlement.

To include specialists interested in a particular branch of the social services of their country.

(c)

It is hoped that U.N.R.R.A. personnel interested in the work, while in Greece, will help in the running of the Settlement.

6. SUPPLIES AND EQUIPMENT TO BE IMPORTED FROM ABROAD, SHOWING
ITEMS, QUANTITIES AND TONNAGES.

(a) Household equipment, necessary for 10 personnel.

Beds, mattresses, blankets, sheets, pillows, pillowcases.

Wardrobes, chest of drawers, chairs, carpets.

Suite of dining-room and sitting-room furniture.

Cooking and kitchen utensils.

Estimated at £200 per person. £2,000

(b) General equipment.

200 Chairs for lecture hall.

Furniture for office, committee rooms, quiet room
and library.

Estimated at: £3,000

£5,000

(c) Certain equipment may be purchased locally, according to the amount of money available. The equipment will naturally be increased to meet the demands over a period of time.

7. VEHICLES TO BE IMPORTED OR PURCHASED LOCALLY, SHOWING
TYPES AND AVERAGE MONTHLY MILEAGE.

1 Private Car.

1 15cwt. Truck.

These would be a useful asset to the Settlement.

8.

TOTAL COST SHOWING SUB-TOTALS OF PERSONNEL, EQUIPMENT AND
SUPPLIES AND ADMINISTRATION.

I. The School of Social Science.

This should be the responsibility of the Greeks and financed by them. A separate Fund should be established for scholarships for those students who are not able to pay for their training and maintenance.

<u>One person. 3 Years.</u>	<u>Total for 3 Years in Pounds.</u>
Board and Lodging @ £104 p.a.	312
School fees @ £30 p.a.	90
Out of pocket expenses @ £26 p.a.	78
Cost of books etc.	50
ESTIMATED COST:	<u>£530</u>

II. The Athens Residential Settlement.

Funds for the Settlement might be raised through one of the following organisations:

- (a) The United Nations Organization educational division might consider it on a long term policy to continue the work started by U.N.P.R.A. (see Page 5)
- (b) One of the War Memorial Schemes might purchase suitable premises and endow them over a period of years.
- (c) The Settlements Association of Great Britain who might be approached with regard to some financial help.
- (d) The Rockefeller Foundation could also be approached for financial support.

III. Premises.

- (a) Suitable accommodation required for at least 10 Residents. Living room, library and quiet room, committee and club rooms, also a large lecture hall. If grounds are attached to the building it may be possible to use Army huts for some of the Settlement activities. The Greek Government would probably co-operate and offer a suitable building at a low rent on a lease or at a price to buy.

IV. Estimated Cost for 3 Years.

	<u>£</u>
Personnel (see Page 7)	18,372
Administration	1,500
Equipment and Supplies (see Page 8)	5,000
TOTAL	<u>£24,872</u>

It is impossible at this stage to include the cost of premises, heat, light etc. Also the estimates given above are on the Pound Sterling and cannot have any relationship to the present prices in Greece with the present rate of exchange at 2,000 Drachmas to the Pound.

9.

WHAT PRELIMINARY NEGOTIATIONS HAVE TAKEN PLACE.

The project has been discussed with the following Greeks in Athens:

Mr. Papadimitriou, President of the Patriotic Foundation for Welfare and Assistance.

Extracts from his report on the project:

"Any work of reconstruction should be based only on long term policies. In the past we suffered a great deal owing to solving our urgent needs by hasty temporary, naturally somehow defective, measures which unfortunately came to stay as permanent ones".

Regarding the Greek Social Science Diploma:

"An independent college should be set up for the purpose; its diploma should be acknowledged by the State as a special diploma for social workers, qualifying for the positions " - as set out on Page 3 of this project.

"Type of Student: A great number of University students are boys and girls from provincial towns and villages, part of our surplus population, which the town of birth cannot hold without reducing the level of life. They follow mostly Law and Philosophy, as they can thus easier become either a teacher or a public employee of higher grade, for which a University Law Degree is necessary. Many of these young people could be absorbed by the College of Social Science for more practical employment and be saved from the rigid, dry teaching of the University Schools".

"Sufficient time should be given for lectures in the specialised field of social welfare and of protection of child, because respective graduates would be welcomed as employees of P.I.K. S.A., of Welfare Centres and especially of Secretaries of our Rural Communities".

Regarding the Athens Residential Settlement he writes:

"Constitution and Bye-laws: to be agreed to by the Greek Government by a binding convention and become a law of the country.

Mrs. Zannas of the Greek Red Cross Society in Athens, who will support the scheme and do all she can to help.

Mrs. Zarifi, Chief of the Girl Guides Association for Greece.

Prof. H. Alivisatos, D.D. Professor of Theology at Athens University.

Prof. K. Friantaphilopoulos, Professor of Law.

Miss Zoe Dimitrikoulou, Welfare Worker, in Region A, UNRRA, HQ.

These four people were agreed upon the necessity for such a scheme and are prepared to be called in and to assist in any way possible to make the project a success.

Mr. G.H. Gardner, an UNRRA Regional Director:

"I find Greece peculiarly lacking in social consciousness. My position as an UNRRA Regional Director seeking to rehabilitate a war torn country has made me vividly aware of the almost total lack in the Greek character of the ability to pull together to achieve community, economic and welfare betterment. Only a long term policy and programme can achieve the desired result. Many experiments and demonstrations have been made over the years but they have never been co-ordinated and their cumulative effect is almost nil. The present rather over-idealistic and ambitious Welfare Law with its Welfare Centres might really be made to stick if backed up by a Social Welfare School which was producing trained professional recognised workers. Success along this line might also help to take some of the heat out of the "hot spot" of Europe, to say nothing of making life easier for women and getting the men interested in something more constructive than coffee, gossip and politics."

Various UNRRA Greece Mission officials, including Health and Welfare Departments, have read the project and it has met with general approval.

10.

SPECIFIC FACILITIES REQUESTED OF U.N.R.R.A.

1. To have the advice and help at all times of U.N.R.R.A., particularly of their Health and Welfare Departments, while operating in Greece.
2. To finance the sponsors until December 1946 in order that they may continue to work on this project until such a time as it has been decided which organization will adopt the scheme.
3. To have travel facilities between Athens and London. The personnel living and quarter allowance made available to them, also rations, accommodation, transport, mail and cable facilities.
4. Shipping to Greece supplies and equipment procured abroad for the use of the Settlement.

Signatures of Sponsors

Lewana I. Jackson:

H. C. Livingston Jackson

Project No. 24
to be filled in
(U.N.R.R.A.).

TITLE OF PROJECT

"ANTI-TUBERCULOSIS CAMPAIGN"

SPONSORED BY:

DATE SUBMITTED TO WIRRA

JANUARY 1946

Submitted by Dr. J.B. McDougall

Tuberculosis Section

Health Division

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1. a) NAME: ANTI-TUBERCULOSIS CAMPAIGN
- b) CATEGORY: Health
- c) INITIATION DATE AND PROPOSED DURATION:

The project should be started with the least possible delay in view of the extreme seriousness of the situation. The scheme outlined is one which would be necessary in any country in normal conditions. How long it would be necessary to call upon foreign capital and resources cannot be stated until it is known to what extent this project can be implemented. That is to say, if the full capital expenditure could be provided foreign help would also be needed for the maintenance cost, for this would be beyond the resources of the Greek State. If, however, a smaller scheme has to be accepted then the Greek Authorities should be able to provide the maintenance costs from the start.

2. DESCRIPTION AND OBJECTIVES

The project is to provide and equip additional sanatoria for 15,000 beds and a further 30 tuberculosis dispensaries. It also involves the provision of tuberculosis specialists and nurses, both to provide part of the staff of the additional sanatoria and dispensaries and to assist with training. Foreign capital and supplies are needed to establish these further institutions. The question of maintenance costs, however, is dependent upon the size of the initial capital provision.

In a country in which the notification of the disease is not compulsory, and where mortality rates must always remain a matter of conjecture on account of the reluctance of doctors to attach the label of tuberculosis to the family escutcheon, it is clear that such statistical evidence as does exist must be unreliable and may even be misleading. Before 1938 there were certain returns made on deaths from the disease, but the public and professional prejudice against the disease has always been such that the figures must be regarded as minimal, and mere approximations to the real toll which tuberculosis takes on the people of Greece.

According to the official returns from 1929 - 1938 there has been a yearly average of about ten thousand deaths from tuberculosis, that is, a rate of 136 per 100,000. Table I shows how a fall occurred more particularly since 1934.

TABLE I

Year	Deaths from Tuberculosis	Rate per 100,000	Year	Deaths from Tuberculosis	Rate per 100,000
1929	10,306	172.2	1934	9,717	145.3
1930	10,298	162.2	1935	9,334	137.4
1931	10,441	162.1	1936	8,846	123.5
1932	10,537	161.7	1937	8,250	123.3
1933	10,069	152.7	1938	8,230	116.6

From the different Homi in the country further statistics are available from pre-war years and, as is to be expected, considerable differences are to be found. For example, in the pleasant sunny lands in the Southern Peloponnesus the tuberculosis death-rate is given as low as 6.3 per 10,000 whilst in the provinces of the North, where the industrial and agricultural labourers still work and live under unsatisfactory environmental conditions, the rate is as high as 20.8. In the areas in which Athens and Salonica are situated the death rates are of little value as an indication of the prevalence of the disease, for in both places are large institutions and all deaths occurring in these sanatoria are registered as having occurred in these areas, though the patients may come from other parts of Greece.

But when we consider that at least 10% of all deaths in Greece are registered as being due to "undefined causes" the unreliability of the pre-war returns is emphasized. In England, the comparable figure is not more than 0.2% of all deaths. Further, the most authoritative opinion in Greece avers that many cases amongst the "deaths from unknown causes" are due to tuberculosis. In some of the rural areas especially, deaths from "unknown causes" amount to 14%, as was the case in 1932.

In few countries in Europe is more pressure brought to bear on doctors by relatives of deceased patients in their anxiety to escape from the verdict of death from tuberculosis, which the Greek people still regard as a stigma on the family as a whole. We may rightly assume, therefore, that the pre-war statistics must be regarded as the minimal representation of the true facts.

Similarly, in efforts to elucidate the real incidence of the disease it has not been possible to arrive at more than probabilities. In the absence of an adequate system of notification and of any mass-method of survey, estimations of the incidence of the disease have been arrived at by the employment of a numerical factor which has been suggested by

workers in other countries. The "factor" used in Greece has usually been 8, which, when multiplied by the total estimated number of deaths from pulmonary tuberculosis (15,000) gave an incidence rate of significant tuberculosis of 120,000 cases, an assumption which modern methods of diagnosis are proving to be entirely erroneous.

But whatever the actual tuberculosis mortality and incidence rates were previous to 1939 it has been necessary by the most compelling force of circumstances to alter and review the entire position in the light of events since that fateful year.

The story which unfolded itself during the occupation is one of grim determination against seemingly overwhelming odds of malnutrition, poverty and privation. There has been no exaggeration of the misery which Greece underwent during the years 1941-42 especially - years which will always be known as the "famine period". It is quite impossible to say what proportion of deaths which occurred then were due to tuberculosis; the diagnosis of death was the only one which assumed any importance in a country in which the vast majority of the people were sick or suffering. The poverty which has always been the heritage of Greece could not withstand the onslaught of economic and environmental conditions which descended to the level of the lowest in modern civilization. The population of Greece at this time paid the double penalty of occupation and death. This was perhaps a more profound trial for Greece than any experienced in the Balkan Wars, the first World War or even in the Asia Minor disaster. The repercussion of all these experiences on tuberculosis death and morbidity rates need not be elaborated here, for in them are all the factors which comprise the prejudicial environmental elements for tuberculous infection and clinical disease.

More recent medical history has shown that there has been no lack of enterprise on the part of Greek physicians to overcome some at least of these problems in the tuberculosis field. In 1920 a law was passed assigning the organization of the anti-tuberculosis campaign to the Ministry of the Interior; unfortunately, the Asia Minor episode prevented the consummation of this plan. Later, a most significant step forward was taken when, in 1937, following recommendations of a committee of experts, a compulsory law was passed which put the Ministry of Hygiene in supreme command of the tuberculosis campaign. The scheme recommended then was comprehensive and advocated regional decentralization under local committee; indeed, all the essential elements of a national scheme on the lines of those accepted in more Western countries was envisaged. Unfortunately, subsequent events made the application of this law impossible.

If any excuse has to be offered for the relative backwardness of Greece in the tuberculosis field the fault cannot wholly be placed on the professional classes interested in the public health problems of the country. It is recognized by all responsible authorities that a stabilized health policy, which can be altered only in point of detail and not in general principle, is essential if the rich rewards of progressive work in public health are to be won.

At the termination of the second World War, Greece found herself with less than 4,000 beds for the treatment of tuberculosis of all forms. It was at this time estimated that the total death-rate from pulmonary tuberculosis alone was not less than 20,000 per annum. The Tuberculosis Dispensary system, made up of State-owned, State-aided, and Voluntary units could muster no more than 20, of which 15 were in and around the capital area (Athens and Piraeus). Conflicting political opinions, and later, civil war led to an almost complete disruption of institutional treatment. In fact, certain Sanatoria near Athens in particular became veritable fortresses in the civil strife of December 1944 and January 1945. In all parts of the country Sanatoria were looted by one party or another. X-ray apparatus was destroyed by enemy invaders and retreating forces, and even the grounds of certain Sanatoria on the outskirts of Athens were mined to safeguard the temporary occupants against raids by opposing factions. In a word, the medical services of Greece at the beginning of 1945, and especially the Sanatoria had ceased to fulfill any valuable function in the campaign which had, before the war promised so well.

TUBERCULOSIS DISPENSARIES

Prior to the war Greece had 15 tuberculosis dispensaries in Athens and 5 in the provinces at Salonica, Patras, Tripolis, Kavalla and Khania. In addition there were a number of medical centres sponsored by such organizations as the Hellenic Anti-tuberculosis Society which cooperated with general hospitals in varying degrees of efficiency in places like Sparte, Heraklion, Salonica and Kavalla. The service given by the majority of tuberculosis dispensaries was not, however, as efficient as it ought to have been. This branch of the campaign was in fact just taking shape before the war and the Ministry of Hygiene had actually projected additional dispensaries at such centres as Misolonghi, Arta, Drama, Alexandropolis, Mitilini, Samos, and Heraklion, St. Nicholas and Rhethymon in Crete.

NON-PULMONARY TUBERCULOSIS

Only one institution of any consequence exists in Greece for the treatment of tuberculosis of the bones and joints. This is situated within 12 miles of Athens and receives

patients from all parts of the country. There is accommodation here for not more than 450 patients, but the tremendous demands of recent years has compelled the authorities to yield to pressure of public opinion and admit as many as 550 patients to this institution. This has, as was to be expected, led to innumerable difficulties, and UNRRA has submitted a report on the reorganization of Voula Hospital. The Greek Red Cross Society has accepted the chief recommendations in what was an outspoken report on the conditions existing at present.

One more institution is projected by the Ministry of Hygiene for the treatment of non-pulmonary tuberculosis, but the site has not yet been fixed and this project is almost certainly a post-UNRRA conception. Following consultations with Greek orthopaedists interested in tuberculosis it has been agreed that not less than 5,000 beds are needed immediately for the children and adults in Greece suffering from this form of the disease; that is, Greece is about 4,500 beds short of minimal requirements for the treatment of non-pulmonary tuberculosis.

UNRRA's contribution to the campaign against tuberculosis has been the establishment of a Tuberculosis Section in the Headquarters of the Health Division; the provision of five teams each consisting of a Tuberculosis Specialist and nurse who operate in the regions; the importation and installation of X-ray apparatus particularly for Mass-radiological examination; and the provision of hospital equipment for enlarging the number of beds for the treatment of tuberculosis. Due to the efforts of the Tuberculosis Section and teams, a rapidly increasing knowledge is being acquired of the incidence of the disease and the size of the problem to be faced. The efforts to equip more beds should result in the addition of 1440 by the spring of 1946 giving an approximate total at that time of 5445. This is admittedly some 900 more than the pre-war accommodation but is still woefully short of what is required as will be seen in the figures which are given below.

In the more scientific aspects, much attention has been given to radiological diagnosis. A mass radiological centre has been set up in the centre of Athens and already the doubts expressed as to the value of pre-war figures on incidence rates have been confirmed from the initial findings in a sample of about 12,000 of the population. Quite as significant as the discovery of unsuspected cases, is the revealing fact that in a group of patients attending tuberculosis dispensaries in the city of Athens (who have been examined by Mass X-ray to determine their eligibility for supplementary food) are many hundreds with extensive bilateral "open" lesions,

for then no institutional accommodation of any kind is at present available. This reservoir of mass infection in Athens and Piraeus alone must indeed constitute a source of grave anxiety to public health administrators in Greece. By the end of the present year (1945) five mass X-ray sets should be operating in Greece and during the year 1946 it should be possible to bring to the notice of politicians, doctors and general public alike, with a degree of scientific precision hitherto impossible of accomplishment, something of the real nature of tuberculosis disease in the various cross-sections of the community.

Following the establishment of the first Mass-radiological examination apparatus, it has been possible to get a picture of the incidence of the disease with far greater accuracy than ever before. To be scientifically certain of the exact figures will demand the examination of a considerably larger number of patients than has yet been possible. However, even on the numbers covered to date, it is possible to state with confidence that must be considered as an absolute minimum and which reveals such a serious state of affairs as to show the urgent necessity for a major campaign to reduce tuberculosis in Greece to even manageable proportions.

A PRELIMINARY ESTIMATE OF THE INCIDENCE OF PULMONARY TUBERCULOSIS IN GREECE BASED ON AN ESTIMATED POPULATION OF 7,250,000 IN 1945 IS AS FOLLOWS:

Percentage of presumably active cases -

3% of urban population which is estimated
at 40% of total population (i.e. 2,900,000) 87,000

Percentage of presumably inactive cases -

7% of urban population which is estimated
as above 203,000

Percentage of presumably active cases -

1.1/2% of rural population which is estimated
at 60% of total population (i.e. 4,350,000) 65,250

Percentage of presumably inactive cases -

3% of rural population which is estimated
as above 130,500

TOTAL NUMBER OF CASES OF SIGNIFICANT TUBERCULOSIS
IN GREECE

485,750

Based on the above figures and the results of examinations to date, deaths from tuberculosis must be more than 30,000 per annum as against the 20,000 which is the estimate of conservative medical opinion in Greece. The pre-war figure from official returns was 10,000 per annum. A further corollary to

Our conclusions are that overwhelming passive infection must be taking place in the more congested areas which are considerably in number and size, due partly to the destruction of buildings during the occupation and partly to the wartime influx of provincial refugees into the larger towns. Wide spread open bilateral lesions exist in many thousands of people, especially adult males with no provision of any kind other than casual and intermittent observations to bring relief to the patients themselves or to the community as a whole.

Finally it will be seen from the above figures that Greece is not likely to have more than 5,445 beds for isolation and treatment of tuberculous patients even by the spring of 1946 - that is to say, approximately one bed for every six annual deaths instead of the generally accepted minimum ratio of one bed for each annual death.

Poverty, undernourishment, and economic privation in almost every phase of life continues in Greece and one fears what the result may be unless some drastic action is taken immediately, especially in the more populous centres. The argument that tuberculosis is a disease in which nutrition, housing, education and other factors are important is, of course, indisputable, but it does not contribute to the solution of the present urgent need for stemming the wave of tuberculous infection which is taking place today throughout Greece. A disease which is causing complete or partial disability amongst so many of the population and with a death rate at least ten times that of Great Britain or the United States is surely an enemy against which the more fortunate friends of Greece must be prepared to mobilize their resources to the very limit of their power.

METHOD OF CURE

A comprehensive scheme for the prevention, diagnosis and treatment of tuberculosis comprises three main subdivisions:

- (i) PREVENTION
- (ii) DISPENSARY ORGANIZATION which includes facilities for diagnosis and out-patient treatment and supervision.
- (iii) SANATORIUM TREATMENT
- (i) PREVENTION

In Greece the National Tuberculosis Association has been established to deal with the essential aspects of Prevention. The objects of this Association are to emulate the methods, aims and objects of the National Associations of other countries in which such associations are already established. In May 1945 this Association was set up in Athens and financial assistance given from the Swiss-Swedish Organisation.

The amount given was five million drachmae. A further five million drachmae has been promised for 1946. It has been estimated that for the work of this Association to become effective in the campaign of education, propaganda, and research within Greece a sum of at least £20,000 per annum is necessary. The Headquarters of the Association is in Athens, and there is expert professional and lay advice available for the conduct of this work. During the summer of 1946 the entire grant from the Swiss-Swedish Mission will be exhausted and the activities of this new Association will be brought to a standstill if additional sums are not forthcoming.

The overhead charges to be met are those for an executive secretary, and for the usual office printing and stationery, amounting to not more than approximately £5,000 per annum. How far the Association will be in a position to implement the work of the Government and other Organizations in the campaign against tuberculosis in Greece will depend on the amount of money available for the aims and objects of the Association.

(ii) DISPENSARY ORGANIZATION

There is a need for the provision of 30 Dispensaries in which patients can be interviewed and examined by specialists. These should take the form of prefabricated huts for use in selected centres of population. There are many problems in connection with the finding of suitable buildings in Greece, and public prejudice against the disease is such that when convenient accommodation is found there is often a degree of local opposition which makes it impossible to proceed with the establishment of dispensaries. Under the circumstances prevailing in Greece it is advisable that the tuberculosis dispensaries should be an integral part of the polyclinic system which is being urged upon UNRRA and the Greek Ministry of Hygiene. There is a consensus of reliable opinion in Greece that to have separate and distinct dispensaries for the tuberculous might defeat its own object, so great is the "fear" of announcing the fact in any form that tuberculosis is even suspected.

There are many advantages in the polyclinic system, so long as the tuberculous have their own examination room and their separate sessions for examination. Plans for the creation of 30 polyclinics on the prefabricated model are now prepared and have been accepted in principle by the Health Division of UNRRA and the Greek Government.

A rough plan of these units is attached herewith from which it will be seen that the accommodation is such as to meet the essential needs of the average urban population.

It is obvious, therefore, that it is impossible to estimate the cost of the tuberculosis section of these clinics apart from the clinics as a whole. The estimated cost of the complete buildings with the necessary fixtures is \$20,000. UNRRA will, of course, undertake to supply the fittings and medical equipment necessary for the adequate functioning of the units.

These Urban Polyclinics will be set up at such centres as Tripolis, Corinth, Sparta, Kalamata, Misolonghi, Arta, Agrinion, Yamina, Drama, Kavalla, Alexandropolis, Lania, Trikkala, Pargos (or Aralias), Mitilini, Chios, Samos, Syros, Kharak, Heraklion, Rethymnon, St. Nicholas, Thobes, Levadia, and other centres which are later to be decided upon.

These Dispensaries will be staffed by Greek physicians and other personnel who will be recruited and paid by the Greek Ministry of Hygiene. It will be necessary, however, so far as tuberculosis is concerned to reinforce this work by providing imported tuberculosis specialists to inaugurate this additional service, as well as to supervise the administrative arrangements for the additional beds which are requested under "Sanatoria". This imported staff will also assist with the training of the Greek personnel.

The general administration of the Dispensaries will be under the supervision of the Ministry of Hygiene as indeed are certain of the existing dispensaries. The maintenance costs of these dispensaries are guaranteed by the Ministry of Hygiene from the date of establishment of the dispensaries. UNRRA Health Division would, of course, continue its technical service to the Ministry of Hygiene on all matters pertaining to the dispensaries, but the sponsor should have a senior representative in Greece to exercise a general watching brief, especially after UNRRA has left Greece.

The provision of these additional Dispensary units is placed first in importance because without the development of these basic institutions the provision of additional Sanatorium beds would be largely in vain or at least open to abuse.

(iii) SANATORIA

The next need is to expand the number of tuberculosis beds to a total of 20,000, i.e. to provide an additional 15,000 without delay.

These Sanatoria should be established for not less than 50 and not more than 250 patients. There are sites available throughout Greece, partly in association with existing Institutions and partly on new ground. The suggested locations for these new Sanatoria are Northern Peloponnese, the province of Aitolia-Akarnania (near Agrinion), Epirus (near Yannina), the far Eastern area of Thrace, at least in two centres in Crete, and smaller units in the islands of Samos, Syros and Chios.

Again these buildings should be provided by means of prefabricated huts for the same reasons as apply to Dispensaries - speed in erection and

cheapness in cost. The difficulties involved in new permanent forms of construction are almost insuperable in Greece today. There is the further question of educating the authorities in Greece to appreciate that a simple building with first-class staff and equipment is better than a large and palatial building which is poorly equipped and badly run.

It is readily admitted that the needs of Greece in the immediate future are in excess of those which are here specified, but it is also felt that if the accommodation in both Dispensaries and beds which is here outlined can be supplied then there is a reasonable chance of Greece meeting the emergency situation in the hope that as the acute phase of the "epidemic" abates the same accommodation will be placed at the disposal of the less urgent cases which will, for many years to come, almost certainly be in need of treatment. To cover the needs of AIL cases, irrespective of the nature or severity of the disease would constitute a problem in both clinical and administrative medicine which would be beyond the known resources of Greece in both financial and administrative directions.

For the equipping of these new Institutions the usual Sanatorium Hospital supplies would be necessary; but in addition there would have to be the necessary plumbing, electricity, sanitary and other fittings sent as part of the prefabricated huts. Accommodation for staff on the basis of at least 25 persons for every hundred beds must be included in the provision. The sponsor must also provide finance for the local costs of erection and for any roads required and walls to surround the Institutions. The equipment should include X-ray units on the scale of one per 200 beds.

The sponsor must be prepared to send to Greece a specialist staff for the clinical and administrative supervision of the scheme as a whole as set out above under Dispensaries and Sanatoria.

This personnel should be in Greece for at least five years.

The types and numbers suggested are:

SALARY

One Consultant resident in Athens but in a position of General Director and Supervisor of the scheme as a whole, and in constant liaison with the Greek Government £. 6,000

10 Area Consultants to cover prescribed areas in Greece on lines similar to the present UNRRA scheme which experience has shown to work effectively each £.4,800 £. 48,000

20 Nurses with some experience in tuberculosis work who will work with the ten area consultants mentioned above each £.2,000 £. 40,000

Five technicians to be available for each two of the areas under the direct supervision of the Area Consultants each £.3,500 £. 17,500

The necessary clerical and interpreting staff will be provided by the Greek Ministry of Hygiene.

The function of this imported staff is to raise the standards now prevailing in Greece, and to give training to Greek personnel who will ultimately take over at the end of the five year period. The Ministry of Hygiene is prepared to recruit this personnel, but the same Ministry cannot provide sufficient and really-trained staff, nor could the requisite technique and training be furnished from the resources available at present in Greece.

Indeed, a start on these lines has already been made in Greece by the appointment by the Ministry of Hygiene of a doctor who is studying the technique of tuberculosis dispensary and sanatorium administration under the present UNRRA scheme. This officer and the department of the Ministry which deals with tuberculosis will gradually assume more and more control over the scheme as a whole.

It is estimated that the sponsor must provide, in addition to the salaries and incidental expenses of the imported staff, full costs of maintenance for at least 10,000 of the new 15,000 beds for a period of ten years. (See below Page 13).

NUMBER OF PEOPLE OR SIZE OF AREA TO BE SERVED
BY THE PROJECT

The 30 Dispensaries and the 15,000 additional beds are intended to cover the needs of the whole of Greece involving a population of something over seven million people, of which, as already stated, nearly 500,000 require dispensary supervision and treatment and institutional accommodation.

3. PERSONNEL TO BE ENGAGED SHOWING NUMBERS, FUNCTIONS,
WHETHER IMPORTED OR LOCAL, SALARIES AND TOTAL COST

(a) Imported expert personnel (see page 12)

Total Cost £. 111,500

(b) Local personnel:

One Consultant Tuberculosis Officer in Athens	} These officers will be paid in accordance with the salary per taining to Government Servants.
Twenty Area Tuberculosis Officers	
Forty Nurses to work with the twenty area Nurses	
Clerical staff for the twenty area officers	

(The office accommodation will be at the polyclinics which are referred to under "Dispensaries", the maintenance charges of which are to be borne by the Ministry of Hygiene).

(c) There will be medical, nursing and domestic staff required for the Institutional beds proposed under the scheme. Normally these charges come under the general category of maintenance charges and it is not possible to estimate what the actual numbers may be. This, however, can be said, that it will cost the sponsors approximately \$10 per week for every patient in the 10,000 beds which are erected and which are surplus to the admitted resources of the Greek Ministry of Hygiene. That is the total maintenance costs for the treatment of 10,000 patients (to include food, light, fuel, medical, nursing and domestic staff salaries and wages) will be just over 10 million dollars per annum. This charge should be met for a period of five years.

6. SUPPLIES AND EQUIPMENT TO BE IMPORTED FROM ABROAD,
SHOWING ITEMS, QUANTITIES AND TONNAGES

- (a) 30 (thirty) Polyclinics as (approximately)
 plan enclosed complete with sanitary,
 plumbing, electrical and other essential
 fixtures and fittings £. 600,000
- (b) Equipment for each of the above
 mentioned polyclinics - (The estimate
 to include equipment for the
 entire unit and not only for tuber-
 culosis purposes) tables, chairs,
 desks, and medical and surgical ap-
 pliances used for diagnosis and
 treatment in the various sub-
 sections. Each Polyclinic £. 60,000
- (c) Sanatorium accommodation of the
 prefabricated type complete with
 sanitary, plumbing, electrical and
 other essential fixtures and
 fittings. Estimated at £1,000 per
 bed completed and erected in Greece £. 15,000,000
- (d) X-ray apparatus for 30 polyclinics
 and for every 200 Sanatorium beds -
 105 in all at, say, £3,000 each £. 315,000

Total Cost - Capital (6. (a), (b),
 (c) and (d) £. 15,975,000

Total Cost - Annual Maintenance (5.
 (a), (b) and (c) £. 10,111,500
 =====

7. VEHICLES TO BE IMPORTED OR PROCURED LOCALLY,
SHOWING TYPES AND AVERAGE MONTHLY MILEAGE

Twenty cars of the "Station Wagon" type to enable area
 consultants and nursing staff to move from one district
 to another in their own areas:

Each, say, £1,000 = £. 20,000

9. TOTAL COST SHOWING SUB-TOTALS OF PERSONNEL,
EQUIPMENT AND SUPPLIES, AND ADMINISTRATION

- | | | | |
|-----|--|---|-------------------------|
| (a) | Personnel imported | } | See pages
13 and 14. |
| | Personnel Greek | | |
| (b) | Equipment and Supplies including
prefabricated huts as outlined | | |
| (c) | Administration and Maintenance
(Annual) other than personnel cost | } | |

N.B.: This is not capable of subdivision.
Under normal conditions the charge
for personnel comes to about one
third of the total maintenance cost
(see page 14 (5. (c).)).

9. WHAT PRELIMINARY NEGOTIATIONS HAVE TAKEN PLACE

The project has been discussed in every detail with the Ministry of Hygiene, the Ministry of Welfare, who are interested in certain aspects of the problem the Patriotic Foundation who is interested in child health, the leading tuberculosis specialists of Greece and the Divisions concerned within the Greece Mission. All are agreed that in order to combat the disease as it is at present manifesting itself, the project as now presented is essential. It is emphasized that the Greek Ministry of Hygiene is prepared to bear the maintenance cost of the dispensary service and of the maintenance charges for 5,000 patients in Institutions for the treatment of the disease, but does not feel capable of assuming greater responsibility than that. It is for this reason that the sponsor is asked to bear the maintenance costs of the additional 10,000 beds referred to in the project outlined here.

10. SPECIFIC FACILITIES REQUESTED OF UNRRA

- (a) Technical advice and cooperation from the Health Division of the Greece Mission.
- (b) Assistance in obtaining shipping space for the supplies and equipment to be imported.
- (c) Assistance in obtaining from the Greek Government the basic ration for patients and Greek staff, fuel, clothing and such other supplies as are distributed in Greece under the Government's supervision.
- (d) Facilities for imported staff as specified in paragraph 3 of UNRRA Greece Mission communication on SUPPLEMENTARY PROJECTS dated 21st September, 1945 when available and on repayment.

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TUBERCULOSIS IN GREECE

A Summary of the Position

1. It is estimated that there are 20-25,000 deaths per annum from all forms (pulmonary and non-pulmonary) of tuberculosis in Greece at present. (pop. 7,000,000) This represents an annual number of deaths only slightly below that of England and Wales (pop. 42,000,000).
2. From mass radiological surveys already conducted, there are proofs that in the poorer classes of the urban population, about 3% of the adult population are suffering from the disease in a form which demands Dispensary and/or Sanatorium treatment. In some of the cross-sections of the very poorest classes the incidence rate is nearer 5 per cent.

In England and the United States the comparable rate is about 1.5 per THOUSAND of the presumably healthy population.

Amongst the rural population of Greece, the incidence rate is about one-half that found in the urban centres. Therefore, it may be said that there are approximately 152,000 patients in Greece to-day who require immediate supervision and treatment. Many thousands more - about 333,000 are in the earlier stages of the disease; most of these will not develop the acute form, but a proportion most certainly will and it is these who will take the places of those who are about to die from the disease in 1946 and 1947.

In total, therefore, it may be said that there are about 485,000 tuberculous patients in Greece and that about one-third of these are in urgent need of observation and treatment in Sanatoria or at Dispensaries.

3. At present (Feb. 1946) there are 4,400 beds available for the treatment of all forms of tuberculous disease in Greece. 450 of these beds are reserved for the treatment of non-pulmonary forms of the disease at one Institution near Athens, administered by the Greek Red Cross Society.

This is at least 4,500 beds short of minimal requirements. Less than 600 "Preventorium" beds are available for children as against an estimated need for 5000 beds. In April 1946 another 1200 beds are likely to be opened in Institutions which have been reconditioned by the Greek Ministry of Hygiene and re-equipped by UNHRA. There will then be some 5600 beds for patients suffering from tuberculosis in Greece.

However, the minimum accommodation should be ONE BED FOR EVERY ANNUAL DEATH which means that in April 1946 Greece will still be at least 15,000 beds short of the usually accepted minimum. (Many States in America aim at 2.50 beds for every annual death from tuberculosis).

4. There are at present 20 Tuberculosis Dispensaries functioning in Greece; 15 of these are in the capital area. More such centres are urgently required in all provincial towns.

It is clear, therefore, that the diagnostic and treatment facilities in Greece are grossly inadequate. Waiting lists for admission to Institutions are mounting rapidly. Highly infectious cases are spreading infection, especially in the urban areas, and a continuation of the present serious state of affairs will surely and certainly result in an increase in the incidence rate in the population with the passing of each month.

5. Constructive attempts have already been made to combat the present position by means of (a) the appropriation by the Greek Government of 1-1/2 million dollars from the Import-Export Bank loan for the purchase of pre-fabricated buildings to provide 3000 more beds for the treatment of tuberculous patients; 2000 more beds for general hospital purposes, and 30 polyclinics. UNHRA will, it is hoped, contribute to the equipping of these units.

Whether it will in fact be possible to obtain these prefabricated buildings will depend on whether the licenses and the requisite priority can be obtained for the release of the raw material(steel) necessary for construction. The matter is one for the

United States Government to decide. (b) The Greek War Relief Association is contemplating the erection of a number of RURAL polyclinics. These clinics will have special sessions for the benefit of tuberculous patients. They are not, however, likely to be operating for some time yet. (c) UNRRA is at present providing a Consultative service of specialists - doctors, nurses and technicians - to advise on all clinical and administrative problems affecting tuberculosis. UNRRA is also supplying equipment for such Institutions as can be opened in the near future. (d) A National Tuberculosis Association of Greece has been formed and has already done much useful work in connection with propaganda, education, and general publicity. This organization holds a key-position in the anti-tuberculosis campaign in Greece and special efforts should be made to safeguard its work in the future. A request for \$20,000 a year for five years has been made by this organization which is now functioning well on a limited grant made by the Swiss-Swedish Mission to Greece, - a grant which will be exhausted in June 1946.

6. There is no doubt that Tuberculosis is the most important single Public Health problem confronting Greece today. The same observation could be made of Poland, Yugoslavia, Albania and other Balkan countries. The challenge is NATIONAL as well as INTERNATIONAL, but whatever steps may be taken in the International field there is now, (and will be for some years to come) ample scope for direct assistance in Prevention, Diagnosis and Treatment of this disease from all organizations interested in the health of the people of Greece. Steps for the control of the disease cannot wait on economic and social recovery, however desirable these may be in themselves as a contribution to the stamina of the people and to their increased resistance to the disease.

Another 30 polyclinics, a further 10,000 beds (with imported personnel to advise and assist in the establishment of a national scheme comparable to that of more western countries), plus the maintenance for operating these additional units, are all essen-

-4-

tial if the minimum requirements are to be met. In our opinion, the emergency nature of the tuberculosis position in Greece can only be met by adopting emergency measures, and of these, the provision of pre-fabricated huts complete with fixtures and fittings and all necessary equipment is the cheapest, the quickest and the most expeditious method of meeting the emergency during the next year or two.

The cost of a complete scheme has been incorporated in the Official PROJECT submitted by the Tuberculosis Section of the Health Division of UNRRA Health Division in Greece. (See Appendix)

John B. McDougall

New York February 25, 1946

Col. LUBBOCK.

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PROPOSED SUPPLEMENTARY PROJECT

Title: Anti-tuberculosis Campaign

Submitted to UNRRA
January 1946

Supplementary to Medical Division

Submitted by Dr. J. B. Mc Dougall

Tuberculosis Section

Health Division

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1.

- a) NAME: Anti-tuberculosis Campaign
- b) CATEGORY: Health
- c) INITIATION DATE AND PROPOSED DURATION:

The project should be started with the least possible delay in view of the extreme seriousness of the situation. The scheme outlined is one which would be necessary in any country in normal conditions. How long it would be necessary to call upon foreign capital and resources cannot be stated until it is known to what extent this project can be implemented. That is to say, if the full capital expenditure could be provided foreign help would also be needed for the maintenance cost, for this would be beyond the resources of the Greek State. If, however, a smaller scheme has to be accepted then the Greek authorities should be able to provide the maintenance costs from the start.

2. DESCRIPTION AND OBJECTIVES

The project is to provide and equip additional sanatoria for 15,000 beds and a further 30 tuberculosis dispensaries. It also involves the provision of tuberculosis specialists and nurses, both to provide part of the staff of the additional sanatoria and dispensaries and to assist with training. Foreign capital and supplies are needed to establish these further institutions. The question of maintenance costs, however, is dependent upon the size of the initial capital provision.

In a country in which the notification of the disease is not compulsory, and where mortality rates must always remain a matter of conjecture on account of the reluctance of doctors to attach the label of tuberculosis to the family escutcheon, it is clear that such statistical evidence as does exist must be unreliable and may even be misleading. Before 1938 there were certain returns made on deaths from the disease, but the public and professional prejudice against the disease has always been such that the figures must be regarded as minimal, and mere approximations to the real toll which tuberculosis takes on the people of Greece.

According to the official returns from 1929 to 1938 there has been a yearly average of about ten thousand deaths from tuberculosis, that is, a rate of 136 per 100,000. Table 1 shows how a fall occurred more particularly since 1934.

.....

TABLE I

Year	Deaths from Tuberculosis	Rate per 100,000	Year	Deaths from Tuberculosis	Rate per 100,000
1929	10,306	172.2	1934	9,717	145.3
1930	10,298	162.2	1935	9,334	137.4
1931	10,441	162.1	1936	8,846	128.5
1932	10,537	161.7	1937	8,250	128.3
1933	10,069	152.7	1938	8,230	116.6

From the different Nomi in the country further statistics are available from pre-war years and, as is to be expected, considerable differences are to be found. For example, in the pleasant sunny lands in the Southern Peloponnesus the tuberculosis death-rate is given as low as 6.3 per 10,000 whilst in the provinces of the North, where the industrial and agricultural labourers still work and live under unsatisfactory environmental conditions, the rate is as high as 20.8. In the areas in which Athens and Salonica are situated the death rates are of little value as an indication of the prevalence of the disease, for in both places are large institutions and all deaths occurring in these sanatoria are registered as having occurred in these areas, though the patients may come from other parts of Greece.

But when we consider that at least 10% of all deaths in Greece are registered as being due to "undefined causes" the unreliability of the pre-war returns is emphasized. In England, the comparable figure is not more than 0.2% of all

deaths. Further, the most authoritative opinion in Greece avers that many cases amongst the "deaths from unknown causes" are due to tuberculosis. In some of the rural areas especially, deaths from "unknown causes" amount to 14%, as was the case in 1932.

In few countries in Europe is more pressure brought to bear on doctors by relatives of deceased patients in their anxiety to escape from the verdict of death from tuberculosis, which the Greek people still regard as a stigma on the family as a whole. We may rightly assume, therefore, that the pre-war statistics must be regarded as the minimal representation of the true facts.

Similarly, in efforts to elucidate the real incidence of the disease it has not been possible to arrive at more than probabilities. In the absence of an adequate system of notification and of any mass-method of survey, estimations of the incidence of the disease have been arrived at by the employment of a numerical factor which has been suggested by workers in other countries. The "factor" used in Greece has usually been 8, which, when multiplied by the total estimated number of deaths from pulmonary tuberculosis (15,000) gave an incidence rate of significant tuberculosis of 120,000 cases, an assumption which modern methods of diagnosis are proving to be entirely erroneous.

But whatever the actual tuberculosis mortality and incidence rates were previous to 1939 it has been necessary by the most compelling force of circumstances to alter and review the entire

position in the light of events since that fateful year.

The story which unfolded itself during the occupation is one of grim determination against seemingly overwhelming odds of malnutrition, poverty and privation. There has been no exaggeration of the misery which Greece underwent during the years 1941-42 especially - years which will always be known as the "famine period". It is quite impossible to say what proportion of deaths which occurred then were due to tuberculosis; the diagnosis of death was the only one which assumed any importance in a country in which the vast majority of the people were sick or suffering. The poverty which has always been the heritage of Greece could not withstand the onslaught of economic and environmental conditions which descended to the level of the lowest in modern civilization. The population of Greece at this time paid the double penalty of occupation and death. This was perhaps a more profound trial for Greece than any experienced in the Balkan Wars, the first World War or even in the Asia Minor disaster. The repercussion of all these experiences on tuberculosis death and morbidity rates need not be elaborated here, for in them are all the factors which comprise the prejudicial environmental elements for tuberculous infection and clinical disease.

More recent medical history has shown that there has been no lack of enterprise on the part of Greek physicians to overcome some at least of those problems in the tuberculosis field. In 1920 a law was passed assigning the organisation of the anti-tuberculosis campaign to the Ministry of the

Interior; unfortunately, the Asia Minor episode prevented the consummation of this plan. Later, a most significant step forward was taken when, in 1937, following recommendations of a committee of experts, a compulsory law was passed which put the Ministry of Hygiene in supreme command of the tuberculosis campaign. The scheme recommended then was comprehensive and advocated regional decentralisation under local committee; indeed, all the essential elements of a national scheme on the lines of those accepted in more Western countries was envisaged. Unfortunately, subsequent events made the application of this law impossible.

If any excuse has to be offered for the relative backwardness of Greece in the tuberculosis field the fault cannot wholly be placed on the professional classes interested in the public health problems of the country. It is recognised by all responsible authorities that a stabilised health policy, which can be altered only in point of detail and not in general principle, is essential if the rich rewards of progressive work in public health are to be won.

At the termination of the second World War, Greece found herself with less than 4,000 beds for the treatment of tuberculosis of all forms. It was at this time estimated that the total death-rate from pulmonary tuberculosis alone was not less than 20,000 per annum. The Tuberculosis Dispensary system, made up of State-owned, State-aided, and Voluntary units could muster no more than 20, of which 15 were in and around the capital area (Athens and Piraeus). Conflicting

political opinions, and later, civil war led to an almost complete disruption of institutional treatment. In fact, certain Sanatoria near Athens in particular became veritable fortresses in the civil strife of December 1944 and January 1945. In all parts of the country Sanatoria were looted by one party or another. X-ray apparatus was destroyed by enemy invaders and retreating forces, and even the grounds of certain Sanatoria on the outskirts of Athens were mined to safeguard the temporary occupants against raids by opposing factions. In a word, the medical services of Greece at the beginning of 1945, and especially the Sanatoria had ceased to fulfill any valuable function in the campaign which had, before the war, promised so well.

Tuberculosis Dispensaries. Prior to the war Greece had 15 tuberculosis dispensaries in Athens and 5 in the provinces at Salonica, Patras, Tripolis, Kavalla and Khania. In addition there were a number of medical centres sponsored by such organisations as the Hellenic Anti-tuberculosis Society which cooperated with general hospitals in varying degrees of efficiency in places like Sparta, Heraklion, Salonica and Kavalla. The service given by the majority of tuberculosis dispensaries was not, however, as efficient as it ought to have been. This branch of the campaign was in fact just taking shape before the war and the Ministry of Hygiene had actually projected additional dispensaries at such centres as Misolonghi, Arta, Drama, Alexandropolis, Mitilini, Samos, and Heraklion, St. Nicholas and Rethymnon in Crete.

Non-pulmonary Tuberculosis.

Only one institution of any consequence exists in Greece for the treatment of tuberculosis of the bones and joints. This is situated with ⁱⁿ 12 miles of Athens and receives patients from all parts of the country. There is accommodation here for not more than 450 patients, but the tremendous demands of recent years has compelled the authorities to yield to pressure of public opinion and admit as many as 650 patients to this institution. This has, as was to be expected, led to innumerable difficulties, and UNRRA has submitted a report on the reorganisation of Voula Hospital. The Greek Red Cross Society has accepted the chief recommendations in what was an outspoken report on the conditions existing at present.

One more institution is projected by the Ministry of Hygiene for the treatment of non-pulmonary tuberculosis, but the site has not yet been fixed and this project is almost certainly a post-UNRRA conception. Following consultations with Greek orthopaedists interested in tuberculosis it has been agreed that not less than 5,000 beds are needed immediately for the children and adults in Greece suffering from this form of the disease; that is, Greece is about 4,500 beds short of minimal requirements for the treatment of non-pulmonary tuberculosis.

UNRRA's contribution to the campaign against tuberculosis has been the establishment of a Tuberculosis Section in the Headquarters of the Health Division; the provision of five teams each consisting of a Tuberculosis Specialist and nurse who operate in the regions; the importation and installation of Xray

apparatus particularly for Mass-radiological examination; and the provision of hospital equipment for enlarging the number of beds for the treatment of tuberculosis. Due to the efforts of the Tuberculosis Section and teams, a rapidly increasing knowledge is being acquired of the incidence of the disease and the size of the problem to be faced. The efforts to equip more beds should result in the addition of 1440 by the spring of 1946 giving an approximate total at that time of 5445. This is admittedly some 900 more than the pre-war accommodation but is still woefully short of what is required as will be seen in the figures which are given below.

In the more scientific aspects, much attention has been given to radiological diagnosis. A mass radiological centre has been set up in the centre of Athens and already the doubts expressed as to the value of pre-war figures on incidence rates have been confirmed from the initial findings in a sample of about 12,000 of the population. Quite as significant as the discovery of unsuspected cases, is the revealing fact that in a group of patients attending tuberculosis dispensaries in the city of Athens (who have been examined by Mass Xray to determine their eligibility for supplementary food) are many hundreds with extensive bilateral "open" lesions, and for them no institutional accommodation of any kind is at present available. This reservoir of mass infection in Athens and Piraeus alone must indeed constitute a source of grave anxiety to public health administrators in Greece. By the end of the present year (1945) five mass Xray sets should be operating in Greece and during the

year 1946 it should be possible to bring to the notice of politicians, doctors and general public alike, with a degree of scientific precision hitherto impossible of accomplishment, something of the real nature of tuberculosis disease in the various cross-sections of the community.

Following the establishment of the first Mass-radiological examination apparatus, it has been possible to get a picture of the incidence of the disease with far greater accuracy than ever before. To be scientifically certain of the exact figures will demand the examination of a considerably larger number of patients than has yet been possible. However, even on the numbers covered to date, it is possible to state with confidence that must be considered as an absolute minimum and which reveals such a serious state of affairs as to show the urgent necessity for a major campaign to reduce tuberculosis in Greece to even manageable proportions.

A PRELIMINARY ESTIMATE OF THE INCIDENCE OF PULMONARY TUBERCULOSIS IN GREECE BASED ON AN ESTIMATED POPULATION OF 7,250,000 IN 1945 IS AS FOLLOWS:

Percentage of presumably active cases -
 3% of urban population which is estimated
 at 40% of total population (i.e. 2,900,000) 87,000

Percentage of presumably inactive cases -
 7% of urban population which is estimated
 as above 203,000

Percentage of presumably active cases -
 1% of rural population which is estimated
 at 60% of total population (i.e. 4,350,000) 65,250

Percentage of presumably inactive cases -
 3% of rural population which is estimated
 as above 130,500

TOTAL NUMBER OF CASES OF SIGNIFICANT TUBERCULOSIS IN GREECE 485,750

Based on the above figures and the results of examinations to date, deaths from tuberculosis must be more than 30,000 per annum as against the 20,000 which is the estimate of conservative medical opinion in Greece. The pre-war figures from official returns was 10,000 per annum. A further corollary to our conclusions is that overwhelming massive infection must be taking place in the more congested areas which are considerable in number and size, due partly to the destruction of buildings during the occupation and partly to the war time influx of provincial refugees into the larger towns. Wide spread open bi-lateral lesions exist in many thousands of people, especially adult males with no provision of any kind other than casual and intermittent observations to bring relief to the patients themselves or to the community as a whole.

Finally it will be seen from the above figures that Greece is not likely to have more than 5,445 beds for isolation and treatment of tuberculous patients even by the spring of 1946 - that is to say, approximately one bed for every six annual deaths instead of the generally accepted minimum ratio of one bed for each annual death.

Poverty, undernourishment, and economic privation in almost every phase of life continues in Greece and one fears what the result may be unless some drastic action is taken immediately, especially in the more populous centres. The argument that tuberculosis is a disease in which nutrition, housing, education and other factors are important is, of course, indisputable, but it does not contribute to the solution of the present urgent need

for stemming the wave of tuberculous infection which is taking place today throughout Greece. A disease which is causing complete or partial disability amongst so many of the population and with a death rate at least ten times that of Great Britain or the United States is surely an enemy against which the more fortunate friends of Greece must be prepared to mobilize their resources to the very limit of their power.

3. METHOD OF OPERATION

A comprehensive scheme for the prevention, diagnosis and treatment of tuberculosis comprises three main subdivisions:

- (i) PREVENTION
- (ii) DISPENSARY ORGANISATION which includes facilities for diagnosis and out-patient treatment and supervision.
- (iii) SANATORIUM TREATMENT.

(i) PREVENTION

In Greece the National Tuberculosis Association has been established to deal with the essential aspects of Prevention. The objects of this Association are to emulate the methods, aims and objects of the National Associations of other countries in which such associations are already established. In May 1945 this Association was set up in Athens and financial assistance given from the Swiss-Swedish Organisation.

The amount given was five million drachmaes. A further five million drachmaes has been promised for 1946. It has been estimated that for the work of this Association to become effective in the campaign of education, propaganda, and research within Greece a sum of at least \$20,000 per annum is necessary. The Headquarters of the Association is in Athens, and there is expert professional and lay advice available for the conduct of this work. During the summer

During the summer of 1946 the entire grant from the Swiss-Swedish Mission will be exhausted and the activities of this new Association will be brought to a standstill if additional sums are not forthcoming.

The overhead charges to be met are those for an executive secretary, and for the usual office printing and stationary, amounting to not more than approximately \$5,000 per annum. How far the Association will be in a position to implement the work of the Government and other Organisations in the campaign against tuberculosis in Greece will depend on the amount of money available for the aims and objects of the Association.

(ii) DISPENSARY ORGANISATION

There is a need for the provision of 30 Dispensaries in which patients can be interviewed and examined by specialists. These should take the form of prefabricated huts for use in selected centres of population. There are many problems in connection with the finding of suitable buildings in Greece, and public prejudice against the disease is such that when convenient accommodation is found there is often a degree of local opposition which makes it impossible to proceed with the establishment of dispensaries. Under the circumstances prevailing in Greece it is advisable that the tuberculosis dispensaries should be an integral part of the polyclinic system which is being urged upon U.R.R.A and the Greek Ministry of Hygiene. There is a concensus of reliable opinion in Greece

that to have separate and distinct dispensaries for the tuberculous might defeat its own object, so great is the "fear" of announcing the fact in any form that tuberculosis is even suspected.

There are many advantages in the polyclinic system, so long as the tuberculous have their own examination room and their separate sessions for examination. Plans for the erection of 30 polyclinics on the prefabricated model are now prepared and have been accepted in principle by the Health Division of UNRRA and the Greek Government.

A rough plan of these units is attached herewith from which it will be seen that the accommodation is such as to meet the essential needs of the average urban population.

It is obvious, therefore, that it is impossible to estimate the cost of the tuberculosis section of these clinics apart from the clinics as a whole. The estimated cost of the complete buildings with the necessary fixtures is \$20,000. UNRRA will, of course, undertake to supply the fittings and medical equipment necessary for the adequate functioning of the units.

These Urban Polyclinics will be set up at such centres as Tripolis, Corinth, Sparta, Kalamata, Misolonghi, Arta, Agrinion, Yannina, Drama, Kavalla, Alexandropoulos, Lamia, Trikala, Pirgos (or Amalios), Mitillini, Chios, Samos, Syros, Khandia, Heraklion, Rethymnon, St. Nicholas, Thebes, Levadia, and other centres which are later to be decided upon.

These Dispensaries will be staffed by Greek physicians and other personnel who will be recruited and paid by the Greek Ministry of Hygiene. It will be necessary, however, so far as tuberculosis is concerned to reinforce this work by providing imported tuberculosis specialists to inaugurate this additional service, as well as to supervise the administrative arrangements for the additional beds which are requested under "Sanatoria". This imported staff will also assist with the training of the Greek personnel.

The general administration of the Dispensaries will be under the supervision of the Ministry of Hygiene as indeed are certain of the existing dispensaries. The maintenance costs of these dispensaries are guaranteed by the Ministry of Hygiene from the date of establishment of the Dispensaries. UNRRA Health Division would, of course, continue its technical service to the Ministry of Hygiene on all matters pertaining to the Dispensaries, but the sponsor should have a senior representative in Greece to exercise a general watching brief, especially after UNRRA has left Greece.

The provision of these additional Dispensary units is placed first in importance because without the development of these basic Institutions the provision of additional Sanatorium beds would be largely in vain or at least open to misuse.

(iii) SANATORIA

The next need is to expand the number of tuberculosis beds to a total of 20,000, i.e. to provide an additional 15,000 without delay.

These Sanatoria should be established for not less than 50 and not more than 250 patients. There are sites available throughout Greece, partly in association with existing Institutions and partly on new ground. The suggested locations for these new Sanatoria are Northern Peloponnesus, the province of Aitolia-Akarnanis (near Agrinnion), Epirus (near Yannina), the far Eastern area of Thrace, at least in two centres in Crete, and smaller units in the islands of Samos, Syros and Chios.

Again these buildings should be provided by means of prefabricated huts for the same reasons as apply to Dispensaries - speed in erection and cheapness in cost. The difficulties involved in new permanent forms of construction are almost insuperable in Greece today. There is the further question of educating the authorities in Greece to appreciate that a simple building with first-class staff and equipment is better than a large and palatial building which is poorly equipped and badly run.

It is readily admitted that the needs of Greece in the immediate future are in excess of those which are here specified, but it is also felt that if the accommodation in both Dispensaries and beds which is here outlined can be supplied then there is a reasonable chance of Greece meeting the emergency situation

in the hope that as the acute phase of the "epidemic" abates the same accommodation will be placed at the disposal of the less urgent cases which will, for many years to come, almost certainly be in need of treatment. To cover the needs of ALL cases, irrespective of the nature or severity of the disease would constitute a problem in both clinical and administrative medicine which would be beyond the known resources of Greece in both financial and administrative directions.

For the equipping of these new Institutions the usual Sanatorium Hospital supplies would be necessary; but in addition there would have to be the necessary plumbing, electricity, sanitary and other fittings sent as part of the prefabricated huts. Accommodation for staff on the basis of at least 25 persons for every hundred beds must be included in the provision. The sponsor must also provide finance for the local costs of erection and for any roads required and walls to surround the Institutions. The equipment should include X-ray units on the scale of one per 200 beds.

The sponsor must be prepared to send to Greece a specialist staff for the clinical and administrative supervision of the scheme as a whole as set out above under Dispensaries and Sanatoria.

This personnel should be in Greece for at least five years.

The types and numbers suggested are:

	Salary
One Consultant resident in Athens but in a position of General Director and Supervisor of the scheme as a whole, and in constant liaison with the Greek Government	\$ 6,000

10 Area Consultants to cover prescribed areas in Greece on lines similar to the present UNRRA scheme which experience has shown to work effectively	
each \$4,800	\$ 48,000

20 Nurses with some experience in tuberculosis work who will work with the ten area consultants mentioned above. each \$2,000	\$ 40,000
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Five technicians to be available for each two of the areas under the direct supervision of the Area Consultants ..each..\$3,500.....	\$ 17,500
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The necessary clerical and interpreting staff will be provided by the Greek Ministry of Hygiene.

The function of this imported staff is to raise the standards now prevailing in Greece, and to give training to Greek personnel who will ultimately take over at the end of the five year period. The Ministry of Hygiene is prepared to recruit this personnel, but the same Ministry cannot provide sufficient and ready-trained staff, nor could the requisite technique and training be furnished from the resources available at present in Greece.

Indeed, a start on these lines has already been made in Greece by the appointment by the Ministry of Hygiene of a

doctor who is studying the technique of tuberculosis dispensary and sanatorium administration under the present UNRRA scheme. This officer and the department of the Ministry which deals with tuberculosis will gradually assume more and more control over the scheme as a whole.

It is estimated that the sponsor must provide, in addition to the salaries and incidental expenses of the imported staff, full costs of maintenance for at least 10,000 of the new 15,000 beds for a period of ten years. (see below)

Page 22)

4. NUMBER OF PEOPLE OR THE SIZE OF AREA TO BE SERVED BY
THE PROJECT

The 30 Dispensaries and the 15,000 additional beds are intended to cover the needs of the whole of Greece involving a population of something over seven million people, of which, as already stated, nearly 500,000 require dispensary supervision and treatment and institutional accommodation.

5. PERSONNEL TO BE ENGAGED SHOWING NUMBERS, FUNCTIONS,
WHETHER IMPORTED OR LOCAL, SALARIES AND TOTAL COST

(a) Imported expert personnel (see page 19)

total cost \$111,500

(b) Local personnel

One Consultant Tuberculosis Officer in Athens

Twenty Area Tuberculosis Officers } These officers will

Forty Nurses to work with the twenty } be paid in
 area Nurses } accordance

Clerical staff for the twenty area officers } with the
 (the office accommodation will be at the polyclinics } salary per-
 which are referred to under "Dispensaries", the } taining to
 Maintenance charges of which are to be borne by } Government ser-
 the Ministry of Hygiene) } vants

(c) There will be medical, nursing and domestic staff required
 for the Institutional beds proposed under the scheme.

Normally these charges come under the general category of
 maintenance charges and it is not possible to estimate
 what the actual numbers may be. This, however, can be
 said, that it will cost the sponsors approximately \$10 per
 week for every patient in the 10,000 beds which are
 erected and which are surplus to the admitted resources
 of the Greek Ministry of Hygiene. That is the total
 maintenance costs for the treatment of 10,000 patients
 (to include food, light, fuel, medical, nursing and
 domestic staff salaries and wages) will be just over
 \$5 million dollars per annum. This charge should be met
 for a period of five years.

6. Supplies and Equipment to be imported from abroad showing items, quantities and tonnages.

(a)	30 Polyclinics - prefabricated buildings with equipment, and fittings and X-ray apparatus.	\$350,000.00
	Plus 20% shipping charges	<u>70,000.00</u>
		<u>\$420,000.00</u>
(b)	10,000 beds - in prefabricated buildings with equipment, and fittings and X-ray apparatus.	3,200,000.00
	Plus 20% shipping charges	<u>640,000.00</u>
		<u>\$3,840,000.00</u>
(c)	Annual maintenance on the additional 10,000 sanatorium beds and the cost of imported specialists and nurses is estimated at approximately \$4,200,000 per annum; for a period of <u>five years</u> the total maintenance cost is therefore	<u>\$21,000,000.00</u>

SUMMARY

Capital (a & b)	\$4,260,000.00
Maintenance (c)	<u>21,000,000.00</u>
Total Cost of Project	<u>\$25,260,000.00</u>

(a) 30 P. - prefab bldgs - all equipment and fittings, incl X Ray

\$350,000

(b) 10,000 beds in sanatorium - pref b. all incl X Ray

3,250,000

Page 23

plus 20% slip etc.

3,600,000

720

4,320,000

6. SUPPLIES AND EQUIPMENT TO BE IMPORTED FROM ABROAD, SHOWING

ITEMS, QUANTITIES AND TONNAGES

Annual m on add 10000

sanatorium beds approx \$4,200,000

needed for first 5 years

Total cost of project \$25,310,000

(a) 30 (thirty) Polyclinics as (approximately) plan enclosed

complete with sanitary, plumbing, electrical and other essential fixtures and fittings 1,000,000

(b) Equipment for each of the above mentioned

polyclinics - (The estimate to include equipment for the entire unit and not only for tuberculosis purposes) tables, chairs, desks, and medical and surgical appliances used for diagnosis and treatment in the various subsections. Each Polyclinic ... 250,000

(c) Sanatorium accommodation of the prefabricated type complete with sanitary, plumbing, electrical and other essential fixtures and fittings. Estimated

at \$1,000³⁰⁰ per bed completed and erected in Greece \$3,000,000

(d) Xray apparatus for 30 polyclinics and for every

200 Sanatorium beds - 105 in all at , say, \$3,000 each \$315,000

Total Cost - Capital (6. (a), (b), (c) & (d) \$4,565,000

" " - Annual Maintenance (5. (a), (b) Costs \$41,111,500
& (c) \$10,111,500

5

The above is substituted by the condensed statement appended.

7. VEHICLES TO BE IMPORTED OR PROCURED LOCALLY, SHOWING
TYPES AND AVERAGE MONTHLY MILEAGE

Twenty cars of the "station Wagon" type to enable
area consultants and nursing staff to move from one
district to another in their own areas .

each, say, \$1,000 = \$20,000

8. TOTAL COST SHOWING SUBTOTAL OF PERSONNEL, EQUIPMENT AND
SUPPLIES AND ADMINISTRATION

- (a) Personnel imported)
 Personnel Greek)
- (b) Equipment and Supplies including) See pages
 prefabricated huts as outlines) 22,23 & 24.
- (c) Administration and Maintenance (Annual)
 other than personnel cost.....)

N.B. This is not capable of
subdivision. Under normal
conditions the charge for
personnel comes to about one
third of the total maintenance
cost (see page 22 (5.(c))

9. WHAT PRELIMINARY NEGOTIATIONS HAVE TAKEN PLACE

The project has been discussed in every detail with the Ministry of Hygiene, the Ministry of Welfare (who are interested in certain aspects of the problem the Patriotic Foundation who is interested in child health, the leading tuberculosis specialists of Greece and the Divisions concerned within the Greece Mission. All are agreed that in order to combat the disease as it is at present manifesting itself, the project as now presented is essential. It is emphasised that the Greek Ministry of Hygiene is prepared to bear the maintenance cost of the dispensary service and of the maintenance charges for 5,000 patients in Institutions for the treatment of the disease, but does not feel capable of assuming greater responsibility than that. It is for this reason that the sponsor is asked to bear the maintenance costs of the additional 10,000 beds referred to in the project outlined here.

10. SPECIFIC FACILITIES REQUESTED OF UNRRA

- (a) Technical advice and cooperation from the Health Division of the Greece Mission
- (b) Assistance in obtaining shipping space for the supplies and equipment to be imported.
- (c) Assistance in obtaining from the Greek Government the basic ration for patients and Greek Staff, fuel, clothing and such other supplies as are distributed in Greece under the Government's supervision.
- (d) Facilities for imported staff as specified in paragraph 3 of UNRRA Greece Mission communication on SUPPLEMENTARY PROJECTS dated 21st. September 1945 with the exception of Living and Quarter allowance when available and on repayment.

Col. Lufford

TUBERCULOSIS IN GREECE

A Summary of the Position.

1. It is estimated that there are 20-25,000 deaths per annum from all forms (pulmonary and non-pulmonary) of tuberculosis in Greece at present. (pop. 7,000,000) This represents an annual number of deaths only slightly below that of England and Wales (pop. 42,000,000)

2. From mass radiological surveys already conducted, there are proofs that in the poorer classes of the urban population, about 3 per cent of the adult population are suffering from the disease in a form which demands Dispensary and/or Sanatorium treatment. In some of the cross-sections of the very poorest classes the incidence rate is nearer 5 per cent.

In England and the United States the comparable rate is about 1.5 per THOUSAND of the presumably healthy population.

Amongst the rural population of Greece, the incidence rate is about one-half that found in the urban centres. Therefore, it may be said that there are approximately 152,000 patients in Greece to-day who require immediate supervision and treatment. Many thousands more—about 333,000 are in the earlier stages of the disease; most of those will not develop the acute form, but a proportion most certainly will and it is these who will take the places of those who are about to die from the disease in 1946 and 1947.

In total, therefore, it may be said that there are about 485,000 tuberculous patients in Greece and that about one-third of these are in urgent need of observation and treatment at Dispensaries or in Sanatoria.

3. At present (Feb. 1946) there are 4,400 beds available for the treatment of all forms of tuberculous disease in Greece. 450 of these beds are reserved for the treatment of non-pulmonary forms of the disease at one Institution near Athens, administered by the Greek Red Cross Society.

This is at least 4,500 beds short of minimal requirements. Less than 600 "Preventorium" beds are available for children as against an estimated need for 5000 beds. In April 1946 another 1200 beds are likely to be opened in Institutions which have been reconditioned by the Greek Ministry of Hygiene and re-equipped by UNRRA. There will then be some 5600 beds for patients suffering from tuberculosis in Greece.

However, the minimum accomodation should be ONE BED FOR EVERY ANNUAL DEATH which means that in April 1946 Greece will still be at least 15,000 beds short of the usually accepted minimum. (Many States in America aim at 2.5 beds for every annual death from tuberculosis)

4. There are at present 20 Tuberculosis Dispensaries functioning in Greece; 15 of these are in the capital area. More such centres are urgently required in all provincial towns.

It is clear, therefore, that the diagnostic and treatment facilities in Greece are grossly inadequate. Waiting lists for admission to Institutions are mounting rapidly. Highly infectious cases are spreading infection especially in the urban areas, and a continuation of the present serious state of affairs will surely and certainly result in an increase in the incidence rate in the population with the passing of each month.

5. Constructive attempts have already been made to combat the present position by means of (a) the appropriation by the Greek Government of $1\frac{1}{2}$ million dollars from the Import-Export Bank Loan for the purchase of prefabricated buildings to provide 3000 more beds for the treatment of tuberculous patients; 2000 more beds for general hospital purposes, and 30 polyclinics. UNRRA will, it is hoped, contribute to the equipping of these units.

Whether it will in fact be possible to obtain these prefabricated buildings will depend on whether the licenses and the requisite priority can be obtained for the release of the raw material (steel) necessary for construction. The matter is one for the United States Government to decide.

(b) The Greek War Relief Association is contemplating the erection of a number of RURAL polyclinics. These clinics will have special sessions for the benefit of tuberculous patients. They are not, however, likely to be operating for some time yet.

(c) UNRRA is at present providing a Consultative service of specialists--doctors, nurses and technicians--to advise on all clinical and administrative problems affecting tuberculosis. UNRRA is also supplying equipment for such Institutions as can be opened in the near future.

(d) A National Tuberculosis Association of Greece has been formed and has already done much useful work in connection with propaganda, education and general publicity. This organization holds a key-position in the anti-tuberculosis campaign in Greece and special efforts should be made to safeguard its work in the future. A request for \$20,000 a year for five years has been made for this organization which is now functioning well on a limited grant made by the Swiss-Swedish Mission to Greece,-- a grant which will be exhausted in June 1946.

6. There is no doubt that Tuberculosis is the most important single Public Health problem confronting Greece to-day. The same observation could be made of Poland, Yugoslavia, Albania and other Balkan countries. The challenge is NATIONAL as well as INTERNATIONAL, but whatever steps may be taken in the International field there is now, (and will be for some years to come) ample scope for direct assistance in Prevention, Diagnosis and Treatment of this disease from all organizations interested in the health of the people of Greece. Steps for the control of the disease cannot wait on economic and social recovery, however desirable these may be in themselves as a contribution to the stamina of the people and to ~~improvement~~ their increased resistance to the disease.

Another 30 polyclinics, a further 10,000 beds (with imported personnel to advise and assist in the establishment of a national scheme comparable to that of more western

countries), plus the maintenance for operating these additional units, are all essential if the minimum requirements are to be met. In our opinion, the emergency nature of the tuberculosis position in Greece can only be met by adopting emergency measures, and of these, the provision of prefabricated huts complete with fixtures and fittings and all necessary equipment is the cheapest, the quickest and the most expeditious method of meeting the emergency during the next year or two.

The cost of a complete scheme has been incorporated in the official PROJECT submitted by the Tuberculosis Section of the Health Division of UNRRA Health Division in Greece. (See appendix)

John B. McDougall

New York Feb. 25th, 1946.

TUBERCULOSIS IN GREECE

1. The Problem.

incidence

Nearly 500,000 people in Greece today, affected with various forms of tuberculosis, of whom 152,000 require immediate supervision and treatment. Estimated annual deaths from all forms of tuberculosis 25,000 in a population of seven million compared with approximately the same number in England and Wales with a population of forty-two million. Incidence of the disease in Greece approximately 3 percent, compared with the rate in England and U.S.A. of approximately 1.5 per thousand. In U.S.A. today, there are two t.b. beds per annual deaths; in Greece, there is one bed for six annual deaths.

2. The Need.

(a) Propaganda and Prevention

Apart from the basic needs of better foods, clothes, housing, etc., much can be done through health education and in keeping the population alive to the urgent necessity of combating the disease, both individually and as a community.

(b) Diagnosis and Early Treatment

There must be greatly expanded provision of t.b. dispensaries, which are not only the primary step in diagnosis, but also can give treatment of the disease in its earliest stages.

(c) Treatment

It is not only essential to attempt to ^{treat} ~~kill~~ those who have the disease in active form, but it is urgently necessary to segregate the active cases from the remainder of the population. At present, the great danger is that the curve of the incidence of the disease is rising more steeply, and might in the near future assume tremendous proportions; unless steps are taken immediately to combat the disease, it will get entirely out of hand.

3. The Solution.

(a) Propaganda and Prevention

The National Tuberculosis Association of Greece which holds the key position in the anti-Tuberculosis Campaign.

Cost: \$20,000.00 per annum for
5 years for propaganda
material and administration ...\$100,000.00

(b) Diagnosis and Actual Treatment

30 urban polyclinics which will tie in closely with the rural health centers project by G.W.R.A.

Cost: 30 polyclinics in pre-fabricated buildings with all fittings and equipment included; X-ray apparatus.....\$350,000.00
Plus: 20% shipping charges, etc..... 70,000.00
Total \$420,000.00

(c) Treatment.

The minimum need for a total of 20,000 beds. ^{fe}
By the early Spring of this year there will be some 5,000
beds in operation. The Greek Government has allocated
a sum from its various resources to establish a further
5,000 beds, and to maintain them. The need of additional
10,000 beds, which in prefabricated buildings with all
fittings and equipment, including X-Ray apparatus
will cost\$3,200,000.00
Plus: 20% shipping charges, etc. 640,000.00
Total \$3,840,000.00

Annual maintenance for these 10,000 additional
beds, including cost of imported specialists
and nurses\$4,200,000.00
or a total of \$21,000,000.00

SUMMARY:

Total capital cost\$4,260,000.00
Total maintenance over 5 years21,000,000.00
Grand Total \$25,260,000.00

CONCLUSION:

The problem is so acute and the danger of the spreading of the
disease so serious that steps for its control cannot
wait on general economic and social recovery, however desirable
these are in themselves;

25

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

GREECE MISSION

Headquarters

Athens, 15 January 1946.

TO: Mr. Glen Leet - Welfare Division.

FROM: Director, Division of Agriculture and Fisheries.

SUBJECT: Proposed CCC Supplementary Project.

This is a sort of "horseback" reply to the points raised in your memo.

It should be emphasized that such a project should be thoroughly discussed with the proper authorities of the Ministry of Agriculture before plans are developed seriously and be integrated with plans that the Ministry may have for tackling the numerous forest conservation problems of the nation.

The several feeble attempts to save the slowly disappearing Greek forest, made by various governments since the country became independent 120 years ago, have never assumed serious proportions, always having been interrupted by lack of finances, wars or invasions.

The exploitation of the Greek forest reached its peak under Axis occupation when approximately 35% of the then existing Greek forests were either burnt or cut down by the invader, or highly exploited by the civilian population at a time when other fuel was totally lacking and government vigilance was at its lowest.

Thus, Greece finds itself in 1946 with an area of approximately 3,000,000 acres of forested land out of a possible optimum of 10,000,000 acres.

A plan of re-forestation of forest land and aforestation of marginal land would, if the forests were properly managed, add considerably to the national income directly and indirectly as follows:

1. By local production of lumber, most of which is now imported.
2. By increased production of resin, colophonium and other forest products which Greece now exports in small quantities.
3. By more profitable utilization of marginal land.
4. By controlling soil erosion.
5. By torrent control which will reduce inundation of lowlands to a minimum.
6. By increasing the underground water supply which can be utilized for irrigation of adjacent agricultural land.
7. By providing a better means of livelihood to mountain villages many of which supplement their small income through lumbering and resin industry.

The problems which have to be faced in a major re-forestation campaign such as the one herein proposed are:

1. Rehabilitation of forest nurseries.
2. Transplanting of nursery stock to permanent positions.
3. Protection and maintenance of the transplanted areas until they are established.
4. Forest management by legislation and enforcement of laws.
5. Opening of forest roads and maintenance of those already existing.

The establishment of CCC camps in Greece would make a great contribution to such a forestry programme by furnishing labor for re-establishment of forest nurseries, transplanting nursery stock to the hills, maintenance of the transplants until they are established and for the opening of forest roads and maintenance of the existing ones.

In addition to the suggestions made for re-forestation, there are many other possibilities for profitable use of these camps and other conservation projects of even greater importance to agriculture than the re-forestation which it is the intention of this Division to promote vigorously in co-operation with the Ministry of Agriculture. I mention a few as follows:

1. Soil erosion control, through mechanical means rather than re-forestation such as check dams, silt barriers, water spreading.
2. Re-vegetation of native grasses and range pasture lands on the hills as well as forests.
3. Drainage projects for re-clamation of agricultural land associated with malaria control.
4. Repair and rehabilitation of installations for small irrigation projects.
5. Flood control streams such as dykes, levees and check dams.

S/ L. L. SCRANTON

PROJECT No.

25

CIVILIAN CONSERVATION CORPS

OF GREECE

INITIAL DATE AND PERIOD OF OPERATION:

April 1, 1945 to April 1, 1949

SPONSORED BY

DATE SUBMITTED TO UNRRA

2. DESCRIPTION AND OBJECTIVES

It is the objective of this project to deal with two problems, the first a social problem and the second a conservation problem.

The Social Problem: There are a great many young people in Greece who have been deprived of normal educational opportunities during the past five years and who are now too old to resume studies through the normal school procedure. Many of these young people now are without employment. They can make no contributions to the support of their families and they have not acquired skill in any particular occupation. Their health has been undermined by the privations they have endured during the past five years. They need work. They need education. They need normal recreation and they need a sense of purpose and direction in life which would come from the feeling that they were adding to the strength and resources of Greece.

"The conservation problem" to be filled in by Dr. Scranton.

This project would provide for the establishment of a civilian conservation corps for Greece quite similar in operation and objectives with the Civilian Conservation Corps which was organized in the United States during the depression. Under this project young people between the ages of 17 and 24 would be provided with healthy outdoor work on civilian conservation work, primarily doing reforestation work. The enrollments would be voluntary and would be for six month periods with possibilities of en-rolling once. The program of the corps would include:

- (a) Work of reforestation and conservation
- (b) Educational work particularly suited to the needs of the enrollees with emphasis on practical training.
- (c) Recreation.

3. METHOD OF OPERATION

THE project could be operated either directly by the sponsoring organization or by the Government. The former would be practical if a single sponsoring organization provides the major resources but the latter might be appropriate if sponsorship is divided between a number of smaller groups. In any event the project would be developed with cooperation of the Ministry of Agriculture, the Ministry of Welfare, the Ministry of Supply and UNRRA. The Ministry of Agriculture would provide through its Forestry Department technical assistants and resources for the carrying on of the conservation work. The Ministry of Welfare through its Welfare Centres would certify appropriate individuals for enrollment. They would select individuals from low-income families who are able to meet the physical and other requirements of the program. Final acceptance of enrollees would rest with the project. The Ministry of Welfare would provide with respect to this program the same type of service and facilities as it provides for rehabilitation camps to the degree that these are available without sacrificing the needs of the rehabilitation camps. The Ministry of Supply would provide to the civilian conservation camps the same rations and other facilities as are normally provided to institutions in Greece.

4. NUMBER OF PEOPLE OR SIZE OF AREA TO BE SERVED BY THE PROJECT.

The full capacity would be 20,000 persons. The number actually server would be larger depending on the rate of turnover. While it is anticipated that most of the enrolling would be men, there is nothing within the project to exclude young women from participating to the degree that programs especially adapted to their needs can be organized.

5. PERSONNEL TO BE ENGAGED SHOWING NUMBERS, FUNCTIONS, WHETHER IMPORTED OR
LOCAL, SALARIES AND TOTAL COST.

The personnel utilized for this purpose consists of three types:

- (a) Greek Government personnel
- (b) UNRRA personnel
- (c) Sponsor's personnel.

Greek Government Personnel - The Ministry of Agriculture through its Forestation Department will make available such personnel as is available for this purpose. The Ministry of Welfare will authorize the participation of Welfare Centre personnel in assisting as required with respect to this problem and will assign to them specifically the certification responsibility.

UNRRA Personnel - UNRRA will make available for this project such services as are appropriate from among its Agricultural Rehabilitation, Health and Welfare Divisions.

Sponsor's Personnel. - This personnel may be classified within two groups:

- (a) Imported personnel
- (b) Greek personnel

The imported personnel called for under this project consists of six persons:

- (1) The director of a project who should be a person with successful responsible experience in the civilian conservation corps work.

- (2) A conservation or forestry worker expert.
- (3) An expert on the educational and social aspects of the program.
- (4) (Two field representatives with knowledge and experience in
- (5) (Civilian Conservation Corps camp operation.
- (6) A secretary.

The cost of this imported personnel can best be estimated within the sponsoring country. It is anticipated that most of the Greek personnel required will be provided by assignment from the appropriate Governmental agency to this office, but the sponsor should have sufficient resources to enable it to provide for filling any gaps and should, therefore, have resources sufficient to employ 45 persons of whom 35 should be professional or semi-skilled workers and 10 should be custodial employees and laborers. As much of the work as possible will be done by the enrollees themselves.

6. SUPPLIES AND EQUIPMENT TO BE IMPORTED FROM ABROAD, SHOWING ITEMS,
QUANTITIES AND TONNAGES.

Enrollees would receive from UNRRA food supplies, the same institutional ration scale which is now provided for Displaced Persons camps which is approximately 2,000 calories. Provision should be made, therefore, for the amounts and quantities of food which would be required to bring this to an appropriate level for approximately 20,000 enrollees and 1,000 employees.

Clothing. There should be provided work clothes and shoes for 25,000 persons.

Shelter. There should be provided tentage and other camp equipment needed for a total enrollment of 20,000 individuals. See the Welfare Division's "Summer Colony Supply Program" for suggestions as to the type of camp equipment needed.

Conservation Supplies. This would include seed and tools, etc. This section is to be amplified by the Agricultural Rehabilitation Division.

7. VEHICLES TO BE IMPORTED OR PROCURED LOCALLY, SHOWING TYPES AND
AVERAGE MONTHLY MILEAGE.

It is anticipated that the Government and UNRRA would provide vehicles to the degree that they are locally available but the project should have a pool of motor vehicles of its own under its own control which would be supplemented by the vehicles made available locally. It is estimated that the number of vehicles which the project should have under its direct control would include 100 trucks of which 75 should be 30 cwt., 15 should be three tonners and 10 should be 15 cwt. In addition there should be 35 jeeps. Army vehicles would be the most appropriate.

8. TOTAL COST SHOWING SUB-TOTALS OF PERSONNEL, EQUIPMENT AND
SUPPLIES AND ADMINISTRATION

It is impossible to estimate in Greece the total cost when the price in the contributing country of the various supplies is not known. The items to be considered are:

- (a) Imported supplies such as food, clothing, shelter, and vehicles.
- (b) Locally engaged personnel of whom the majority would be financed locally but for which the sponsor might budget \$100,000 per annum.
- (c) Imported personnel estimated to cost about \$35,000
- (d) Allowances and family allotments to enrollees which on a basis of \$10 a month for 20,000 persons would amount to \$2,400,000 per annum.

A constructive method as far as the economy of Greece is concerned through which a sponsor could finance this latter item would be through importing needed commodities which could be sold so that drachmae could be taken out of general circulation in order to finance these payments. This latter item is the most flexible one and the work of the project would get under way as soon as only a part of the necessary funds were available.

9. WHAT PRELIMINARY NEGOTIATIONS HAVE TAKEN PLACE.

Informal discussions of the project have been held with the Ministries of Welfare, Finance, and Labour and they have displayed a keen interest.

In the opinion of the Agricultural Rehabilitation Division this project would fit in very well with the overall program of the Ministry of Agriculture. This project has been written up by the Welfare and Agricultural Rehabilitation Divisions of UNRRA.

10. SPECIFIC FACILITIES REQUESTED OF UNRRA.

- (a) Facilities specified in paragraph 3 of UNRRA Greece Mission communication on Supplementary Projects issued 21 September 1945, when available and on repayment for six imported members of the sponsor's staff.
- (b) The assistance, advice, and counsel of the UNRRA Agricultural Rehabilitation, Welfare, and Health Divisions staff.
- (c) Transportation for imported staff when available.
- (d) Shipping space for supplies from abroad.